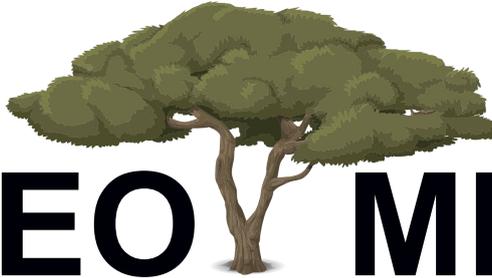


STUDENT NO. :

NAME : _____

BORNEO MEDICA COLLEGE



BORNEO MEDICA

MOCK FINAL PROFESSIONAL EXAMINATION II

2015 / 2016***2nd Edition***

DO NOT OPEN THE QUESTION PAPER UNLESS YOU ARE INSTRUCTED TO DO SO

Instructions:

1. This question paper consists of **eighteen (18)** sets of Multiple Choice Questions (MCQ), **ten (10)** sets of Best Answer Questions (BAQ), **eight (8)** sets of Modified Essay Questions (MEQ) **eleven (11)** sets of Objective Structured Clinical Examinations (OSCE) questions and collections Long Cases, Short Cases
2. Please refer to the content page and instructions provided in each questions for further information regarding each sets of questions.
3. Answer **all** sections in the question paper.

Prepared by the Underground Kidz™

This paper consists of 273 printed pages

MWM00



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And When You Are
Sick,
He Cures...

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We, The Underground Kidz would like to acknowledge the contributions made by our fellow seniors, directly or indirectly of which have aided us in compiling **Borneo Medica : Mock Final Examination II**:

Zainil Ikram	Aniza Ali	Baiduri Busrah	Dainna Gimbalu	Irena Michel
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And all Medical students, Unimas Batch 2004 - 2015

TIPS FROM SENIORS :

1. Cover all common topics, including from ophthalmology, ENT, orthopaedics and public health.
2. Follow revision class made by doctors. Some question will be hinted there
3. Master well the difference between long case formats. For example, O&G.
4. No excuse to forget or not fluent in physical examination steps, Especially orthopaedics, developmental milestones, CR nerve, specific sign for specific condition (e.g: pemberton sign)
5. Learn how to calculate EDD POA fast.
6. Be calm and confident. Believe in the power within yourself.

Who are we?

The Underground Kidz™ Is a group of ex-Unimas medical students who aim at providing fellow juniors with a complete set of questions in preparation for Final Professional Exam II. Kindly improvise and pass it down to the next generation of Unimas medical students to promote the sharing culture. Get a copy of this book in the .docx format from <https://goo.gl/5gc3VL>

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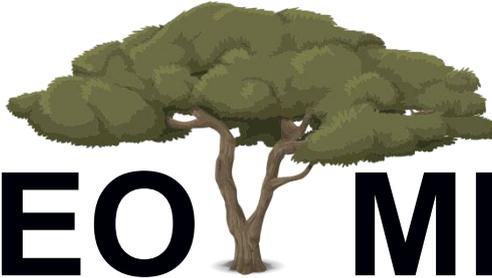
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STUDENT NO. :

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NAME : _____

BORNEO MEDICA COLLEGE



BORNEO MEDICA

MOCK FINAL PROFESSIONAL EXAMINATION II

MULTIPLE CHOICE QUESTIONS (MCQ)

2015 / 2016

THREE HOURS

DO NOT OPEN THE QUESTION PAPER UNLESS YOU ARE INSTRUCTED TO DO SO

Instructions:

1. Each set of question paper consists of **sixty (60)** MCQ questions. For every question, you need to record **five (5)** "True" , "False" or "No Answer".
2. A mark will be awarded for every correct answer and a mark will be deducted for every wrong answer. No marks will be given nor deducted if a "No answer" is recorded. The minimum mark for each question is zero.
3. Answer **all** sections in the question paper.

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MCQ 2-year Analysis

POSTING	2006	2012
Medicine	12	15
Paediatrics	12	8
Surgery	8	10
Obstetrics & Gynaecology	8	8
Orthopaedics	5	4
Psychiatry	3	3
Public Health	3	1
Family Medicine	2	3
Ophthalmology	2	1
Dermatology	2	0
Ear, Nose, & Throat	1	2
Radiology	1	1
Forensic	1	1
Anaesthesia	0	0
Accident & Emergency	0	3
TOTAL	60	60

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SET 1

1.Regarding chronic granulomatous mastitis
a.Clinical presentations mimic malignancy
b.Staphylococcus is a causative organism
c.Prednisolone is one of the treatment option
d.Histology shows caseating granulomas
e.Recurrence is not a feature

2.Perinatal mortality
a.Reflex obstetric care
b.Include neonatal up to one years old
c.Reduced risk in increased parity
d.Maternal age is a risk factor
e.Low social economy increase risk

3.The following is true about area of consolidation in a chest x-ray
a.Moderate reduction in lung volume of affected lung
b.Limited to pulmonary segment
c.Clearly defined margin
d.Air bronchogram
e.Loss of visibility of blood vessel

4.Pacemaker implantation
a.Complete heart block requires immediate pacemaker implantation
b.First degree heart block does not require pacemaker implantation
c.High grade AV block without syncope episodes does not need pacemaker implantation
d.Mobitz type 1 heart block require pacemaker implantation
e.Mobitz type 2 heart block require verapamil injection

5.In cases of child abuse
a.The "shaken baby syndrome" is a characterised by subdural haemorrhage
b.A case involving children in which mother creates a history or illnesses require medical care is called "Munchausen syndrome by proxy"
c.In "battered baby syndrome", bruises of variable ages are seen
d.Scalding in child abuse show "plimsol line"
e.Scalding in child abuse exclude the sole of the feet

6.25 years old primigravida, spontaneous ROM at 30 weeks, CTG was normal with no uterine contraction noted. The correct statement regarding the presented history is :
a.Main complication is preterm labour
b.Prophylaxis antibiotic should be started
c.Digital vaginal examination should be done to confirm diagnosis
d.If chorioamnitis occur, delivery should be expected
e.Treatment with tocolytic should be commenced

7.Complication of pregnancy to diabetic mother
a.IUGR
b.Polyhydramnios
c.Breech presentation
d.Increase risk of congenital malformation
e.Spontaneous intra-uterine fetal death

8.Regarding pubertal disorder
a.GABA acts on GNRH receptor to stimulate the onset of puberty
b.Increase oestrogen in midcycle will decrease LH in girls
c.High velocity sign of puberty in boys
d.Gymnasts have early pubertal onset
e.CAH can causes precocious puberty

9.Mucocele of gallbladder
a.Is a mucus containing cyst of gallbladder
b.Present with pain, fever and increase total white count
c.Is diagnosed by Murphy's sign
d.Is treated with antibiotic
e.Best treated with cholecystectomy

10.Regarding pseudomonas colitis

- a.Is caused by Clostridile difficiles
- b.Is treated with Arynoglycoside
- c.Is treated with Metronidazole and vancomycin
- d.Features dysentery fever
- e.Cause toxic megacolon

11.causes of marternal pyrexia in peuperium

- a.engorged breast
- b.DVT
- c.Involution of uterus
- d.Post-partum depression
- e.Malaria

12.regarding abdominal aorta aneurysm

- a.It is unlikely to rupture if less than 3cm in diameter
- b.It is more common in women
- c.Mostly found incidentally
- d.Mostly found intrarenally
- e.Presence of expansile pulse mass in abdominal examination is diagnostic

13.prostate carcinoma :

- a.usually associated with squamous cell carcinoma
- b.often metastasize to lumbar and sacral
- c.Present with osteolytic x-ray
- d.Suppressed by oestrogen therapy
- e.increased alkaline phosphatase

14.24 year old lady, at 32 weeks of gestation present with PIH, with blood pressure of 150/90 mmHg at antenatal clinic. Acute management is

- a.Admit to hospital and bed rest
- b.Give oral anti hypertensive drug
- c.Commence diazepam
- d.Commence diuretic
- e.Monitor fetal growth

15.visual hallucination :

- a.delirium tremens
- b.psychotic depression
- c.prolactinoma
- d.paranephenia
- e.multi-infarct dementia

16.stroke in elderly

- a.transient global amnesia
- b.age is a risk factor in lacunar infarct
- c.age is a barrier for warfarin therapy in cardioembolic of non-valvular AF
- d.complication of carotid endarectomy is a cause
- e.aspirin and dipyr is prophylaxis to prevent further TIA

17.regarding hyperthyroidism

- a.It is usually caused by parathyroid adenoma
- b.reduced in parathyroid hormone
- c.duodenal ulceration is common
- d.often present with symptom of renal stone
- e.causes tetany

18.ectopic pregnancy :

- a.Incidence is higher in IUCD user
- b.PV bleed is the first symptom
- c.History is more important than PE to make a diagnosis
- d.Detectable using B-HCG level
- e.Clinical history is more important than physical sign in diagnosis

19.intussuception in children

- a.Can recur
- b.AGE is a predisposing factor
- c.Perforation is a known complication following barium enema
- d.PR bleed and mucus is an early sign.
- e.Underlying pathology may eventually need surgery

20.role of MCH service of MOH

- a.provision -2nd dose BCG
- b.provision- ABC (alternative birth centre)
- c.provision – chest circumference in infant
- d.assessment of child
- e.food basket to poor children

21.Features of lithium toxicity are :

- a.aphasia
- b.seizure
- c.ataxia
- d.dystonia
- e.constipation

22.complication of thyroidectomy are :

- a.laryngeal nerves palsy
- b.oesophageal perforation
- c.subglottic stenosis
- d.pneumothorax
- e.keloid

23.risk for ectopic pregnancy

- a.history of PID
- b.IUCD
- c.Early symptom is pervaginal bleed
- d.Clinical history is more accurate than clinical finding
- e.HCG-level is raised

24. Regarding psoriatic arthropathy

- a.Most of patients with psoriasis will develop psoriatic arthropathy
- b.Psoriatic arthropathy is preceded by psoriasis
- c.Nail pitting is a diagnostic feature
- d.Dactilyty is a characteristic feature
- e.Symmetrical arthritis is a typical feature

25. Endometriosis

- A. Defined by presence of endometrial like tissue outside uterine cavity
- B. Usually associated with infertility
- C. The most common site is peritoneum
- D. Can grow up to 10cm
- E. There is no place of using laparoscopy

26. Regarding iron deficiency anaemia (IDA)

- A.Giving breast milk for 1 year can prevent IDA F
- B.For term infants, the onset of IDA is at 24 months of age F
- C.Palmar pallor is not a reliable sign of anaemia T
- D.RDW is high in IDA T
- E.Iron medication should be continued for 8 weeks after blood values have become normal T

27. Regarding Typhoid

- A. Herpes Labialis is a common presentation
- B. Fever is low after 72 hours of antibiotics
- C. Neutropenia is a common presentation
- D. Haemorrhage from the GI tract in the third week
- E. Co-trimoxazole used in the treatment

28. medial meniscus

- A. more commonly injured than lateral meniscus T
- B. clinically detected by Lachman test F
- C. attach tightly to tibial plateau than lateral meniscus T

- D. injury cause immediate effusion T
E. central tear seldom heal T
29. Complication of term Small Gestational Age Infant,
A. Hypoglycaemia T
B. Respiratory Distress Syndrome T
C. Hypocalcaemia F
D. Meconium Aspiration syndrome T
E. Necrotizing Enterocolitis F
30. X-linked recessive diseases are :
a.achondroplasia T
b.microcephaly
c.hemophilia T
d.Down syndrome F
e.Turner syndrome F
31. Increased ICP may cause
A. bradycardia T
B. arterial hypertension T
C. bilateral CN6 palsy T
D. projectile vomiting F
E. headache T
32. In developmental milestones, a child can
A Can walk like bear at 12 months T
B Sit without support at 6 months F
C Know full name at 1 year F
D Copy “ + “ at 4 year T
E Dry by night at 3 year F
33. In dengue fever
A Liver is often enlarged F
B Acute febrile phase usually lasts for 14 days F
C Early change in FBC is increased White blood cell F
D Ibuprofen to treat fever is recommended F
E Notify it as soon as possible if suspected F
34. Regarding JCA
A. Pericarditis is common
B. Leucocytosis
C. Malar rash
D. Rheumatoid Factor positive
E. Hepatosplenomegaly
35. In GERD
A. Nocturnal cough
B. Water brash
C. Retrosternal chest pain
D. Relieved by nitrates
E. Barret's Mucosa
36. Extra pulmonary manifestations of Tuberculosis are :
A. Lupus Pernio
B. Erythema Nodosum
C. Liver Cirrhosis
D. Erytema Multiforme
E. Phlenectenular Conjunctivitis
37. In Diabetes Mellitus,
A. Long acting Sulphonylureas preferred over short acting
B. Microalbuminuria is prediction factor for cardiovascular risk
C. DM type 2 has strong genetic predisposition
D. Painful Neuropathy is associated with muscle wasting
E. Metformin is contraindicated in Renal Failure

38. These are found in Child's Pugh Criteria

- A. aPTT
- B. Ascites
- C. Bilirubin
- D. Platelets
- E. Albumin

39. Regarding the carcinoma of pancreas:

- A two third occurs at the head region T
- B Medullary type are more common than others F
- C At the body and tail, it will present with jaundice F
- D Migrating thrombophlebitis may be positive T
- E Carcinoma of head of pancreas fulfill the Courveisier's law T

40. Regarding the internal haemorrhoid:

- A It is venous varicosities in the anal canal T
- B It is above the dentate line T
- C Has an arterial component F
- D Is palpable on per rectal examination F
- E Prolapsed but can reduce spontaneously is second degree. T

41. Causes of hypokalaemia

- A Major burn T
- B Renal failure F
- C Villous adenoma of rectum T
- D Metabolic acidosis F
- E Gastric outlet obstruction T

42. The following are feature of gas gangrene:

- A Trimus F
- B putrid smell F
- C Endotoxin T
- D Crepitus T
- E ridus sardonius F

43. In chronic anal fissure

- A pain is main presenting complain F
- B managed by conservative treatment T
- C sentinel pile is a diagnostic feature F
- D 10% located at posterior mid line T
- E Crohn's disease is an underlying cause T

44. regarding scaphoid injury,

- A. It can cause AVN T
- B. It is most common in children T
- C. It is caused by direct trauma to anaatomical snuff box F
- D. Unstable injury T
- E. Most common in carpal injuries T

45. About Fibrous dyplasia

- A. Cause weakness of the bone involved T
- B. pain even when small T
- C. Diagnosed by biopsy F
- D. No risk of malignancy T
- E. Cause if shepherd crook deformity T

46. Anterior shoulder dislocation

- A. Weakness of ligament T
- B. shallow glenoid T
- C. Wide range of movement T
- D. Poor healing after trauma T
- E. Poor blood supply T

47. Muscle that attach to coracoid process

- a) Teres Major F
- b) Pectoralis major F

- c) Pectoralis minor T
- d) Long head of biceps F
- e) Coracobrachialis T

48. Negative symptoms of schizophrenia are

- A.Thought withdrawal T
- B.Apathy T
- C.Anhedonia T
- D.Hallucination F
- E.Poverty of speech T

49.The following is true:

- a.Consent is not necessary to examine a prisoner in the prison in the presence of court order. T
- b.Thermal fatalities, internal examination is obscure in electrocution T
- c.Seminal stain in male post vasectomy is negative under fluorescent light F
- d.Post mortem examination large and rugged skull indicate male gender T
- e.Post mortem examination of stillbirth show buoyancy of water in lung F

50. Which of the following are true:

- a.Collection of evidence for bomb exploration from the center of T
- b.pneumonitis is the most common cause of dead for near drowning T
- c.self lead bullet cause more severe damage than silver bullet T
- d.cyanite is found in oul of bitter ointment T
- e.Dead due to salt water drowning is 4 time faster than fresh water F

51. tympanoplasty is an operation aimed at:

- a. correction of hearing in perceptive deafness T
- b. eradication of infection & correction of hearing T
- c. drainage of mastoid abscess T
- d. correction of hearing in otosclerosis T

52.The following are Cycloplegic drugs:

- a. Tropicamide T
- b. Atropine T
- c. Physostigmine F
- d. Homatropine T
- e. Phenylephrine F

53. surgical emphysema after tracheostomy is corrected by:

- a. taking more stitches of the wound T
- b. cold compresses T
- c. widening of the wound by removal of some stitches T
- d. antihistaminic intake T

54.The following bacteria can invade normal intact cornea

- A Listeria
- B Corynebacterium
- CH. Influenza
- D Pneumococcus
- E Neisseria

55. Plain radiographic appearances of abdomen:

- A Rules of 3 is applicable for the large bowel.
- B Diameter of cecum of up to 9cm is normal.
- C Erect abdominal radiograph is indicated for demonstration of pneumoperitoneum.
- D Right lateral decubitus view is more sensitive than left lateral decubitus view for demonstration of pneumoperitoneum in ill patient.

56. Signs of pneumoperitoneum on supine abdominal radiograph :

- A Air under diaphragm
- B Lucent liver sign
- C Ligament teres sign
- D Rigler sign
- E Urachus sign

- 57.Regarding Isotretinoin :
- a) vitamin d analogue F
 - b) potent anti – acne medication T
 - c) may cause alopecia [engage effluvium] T
 - d) contraindicated in the treatment for nodulocystic acne F
 - e) it is teratogenic T
- 58.The following are topical agents that can be used to remove acne :
- a)Benzoyl Peroxide T
 - b)Azelaic Acid T
 - c)Dapsone F
 - d)Clindamycin T
 - e)Keratolytics T
- 59.Regarding Metabolic Alkalosis :
- A)Results from increased extracellular fluid HCO_3 concentration T
 - B)administration of diuretics is one of its cause T
 - C)Can be cause by Renal Tubular Acidosis F
 - D)One of its cause is the usage of Opiod drugs F
 - E)Cardiac dysrhythmias is one of its clinical manifestations T
- 60.Regarding Family medicine and Mother and Child Health :
- A)Doctors play a role to allay anxiety and health fears when there is no serious pathology T
 - B)Disease is the biological process physicians use to categorise and define illness T
 - C)The normal level of Glycosylated haemoglobins (HbA1C) for pregnant mother is less than 4.5% F
 - D)Smoking is protective against abruptio placentae F
 - E)Antepartum haemorrhage is defined as bleeding from the genital tract occuring at any time between 24 weeks' gestation T

SET 2

1. Symptoms of arthritis of the cricoarythenoid joint include:
 - a. Feeling of lump in the throat
 - b. Pain aggravated by swallowing
 - c. Pain aggravated by talking
 - d. Repeated attacks of choking and coughing
 - e. Otagia
2. In elderly with urge incontinence, which of the following are helpful.
 - a. Urinalysis
 - b. Gauze pad test
 - c. Post voiding residual volume
 - D. Cystocele must be ruled out.
 - E. Cognitive function need to be assessed.
3. Radiological characteristics of complete collapsed of the right upper lobe.
 - a. Posterior displacement of upper part of the major fissure
 - b. Depression of the horizontal fissure
 - c. Markedly elevated ipsilateral hemidiaphragm
 - d. Effacement of the right paratracheal strip
 - e. Medial deviation of the right basal artery
4. Initial insect found on the decomposed body is:
 - a. Ant
 - b. Blowflies
 - c. Beetle
 - d. Butterflies
 - e. Mite
5. Stroke
 - A. haemorrhagic stroke is more common than ischaemic attacks
 - B. hyperlipidaemia is the top most risk factor
 - C. infarction at left frontal lobe produces receptive aphasia
 - D. heparin is first line treatment
 - E. pure motor manifestation is caused by lacunar infarcts
6. PPROM
 - a. Infection is the main cause
 - b. Cervical incompetence usually the cause
 - c. A positive nitrazine test is diagnostic
 - d. Amniocentesis is usually performed when intrauterine infection is suspected.
 - e. Pulmonary hypoplasia and limb deformities is an association.
7. Regarding pelvic examination
 - A. Involve speculum examination alone
 - B. Is contraindicated in nulliparous
 - C. is indicated in woman who has irregular prolonged menstrual bleeding
 - D. Is prohibited if verbal consent is not given
 - E. Is redundant when there is ultrasound investigation
8. Regarding carcinoma in situ of the breast.
 - a. LCIS is commonly presented with palpable lump
 - b. LCIS is rarely bilateral
 - c. LCIS has minimal risk of invasive carcinoma transformation
 - d. DCIS produced mammographic features
 - e. DCIS is usually recurrent with breast conservative surgery
9. Regarding apathetic hyperthyroidism:
 - a. Grave's disease is the cause
 - b. Lethargic is the symptom
 - c. Reduced TSH with elevated triiodothyronine level.
 - d. May precipitated osteoporosis
 - e. Aspirin is the drug of choice if complicated by atrial fibrillation.
10. Following drugs are significantly reduce mortality rate of patient after AMI.

- a. Captopril
 - b. Nifedipine
 - c. Nitrates
 - d. Metoprolol
 - e. Simvastatin
11. Gastric ulcer perforation:
- a. Female is more common than male
 - b. Incidence is highest after the age of 45.
 - c. Usually occur at the anterior surface of the stomach
 - d. Pyrexia is a feature
 - e. Patient is usually restless
12. Acute Immune Thrombocytopenia Purpura
- a. Preceded by respiratory tract infection
 - b. Majority resolve after 6 months
 - c. Platelet size is smaller than normal
 - d. Hepatosplenomegaly is the feature
 - e. IVIG rapidly improved the platelet count
13. Complications of blood transfusion
- a. Refractory platelet function
 - b. Brucellosis is a complication
 - c. Fat embolism
 - d. Urticaria
 - e. Immunosuppression
14. Urinary tract infection in adult.
- a. Presented with haematuria
 - b. Urinalysis positive for nitrite and leucocyte esterase indicate acute UTI
 - c. Need to rule out TB in sterile pyuria
 - d. No need urologic referral in male UTI
 - e. Asymptomatic bacteriuria is recommended to start treatment
15. Regarding Femoral hernia
- a. The neck is bound medially by lacunar part of inguinal ligament
 - b. Located below and laterally
 - c. If strangulated, umbilical pain can be a feature.
 - d. Can emerge through the saphenous opening and superiorly
 - e. In elderly patient, conservative treatment by using truss.
16. Thought disorder in schizophrenia
- a. Loosening of association
 - b. Misinterpretation of stimulus during stress
 - c. Visual Hallucination
 - d. Delusion of guilt
 - e. Knight's move thinking
17. Tardive dyskinesia
- a. Is treated by clozapine
 - b. Due to down regulation of the dopamine receptor
 - c. Due to frequent administration of anticholinergic
 - d. 5% of patients taking typical antipsychotic affected per year
 - e. No risk in patient on atypical antipsychotic.
18. Healing of skin wound
- a. Platelet aggregation at the blood vessel
 - b. Basal layer of epidermis proliferate
 - c. Myofibroblast of the dermis proliferate
 - d. Fibronectin facilitate migration of the dermis and epithelial cells
 - e. There are budding and proliferation of the capillaries
19. Tension pneumothorax.
- a. Reduce air entry at the affected lung.
 - b. Trachea deviated to the affected lung.
 - c. Increase in JVP is a feature

- d.Suction wound on the chest is the cause
e.Circulatory collapse is frequent
- 20) The absolute contraindication of combined oral contraceptive pill
- Age 38 years old
 - Acute liver disease
 - History of deep vein thrombosis
 - Diabetes mellitus
 - Underlying heart disease
- 21) Uterovaginal prolapsed is caused by
- Chronic obstructive lung disease
 - Subserosal pedunculated fibroid
 - Chronic constipation
 - Previous history of LSCS
 - Congenital malformation of uterus
- 22.Regarding poisoning in children.
- Kerosene ingestion cause aspiration pneumonia
 - Opioid overdose, naloxone is the antidote
 - Severe salicylate overdose, dialysis is often indicated.
 - Alkaline ingestion, acid is given to neutralize
 - Organophosphate poisoning cause mydriasis
- 23.Regarding ovarian anatomy.
- In reproductive age, ovaries can reach about 5cm.
 - Mesosalphinx connect ovaries to broad ligament
 - Suspensory ligament of ovary connect ovary to uterus
 - Ovarian artery is found in infundibular pelvic ligament
 - Ovary is found in the ovarian fossa of Waldeyer
- 24.Hand injury
- Bennet's fracture involved 5th metacarpal intra-articular fracture.
 - Human bite is more severe than animal bite.
 - Most common complication is infection
 - Mallet finger is due to rupture of flexor tendon
 - Immobilization – MCP in extension and IP in flexion
25. Anemia
- Can cause oligohydramios
 - Is due to hemodilution of pregnancy
 - Is caused by hookworm infestation
 - Megaloblastic anemia is usually caused by vitamin B12 deficiency
 - Is common in multiple pregnancy
26. Asthma in pregnancy
- Cannot be treated with aminophylline
 - Is safe to use steroid in status asthmaticus
 - Bronchospasm can be one of the symptom of pulmonary embolism
 - Have at least twice the chance of having child who will develop asthma than does a non- asthmatic women
 - Cannot be induced with prostaglandin E2 pessaries.
27. Puerperal pyrexia
- Temperature is more than 39 degree Celsius
 - Breast feeding should be stopped
 - A tender uterus is diagnostic of retained product of conception
 - Is preventable by reduced the number of vaginal examination during labour
 - UFEME is indicated
28. Fetal complication during obstructed labour
- Fracture humerus
 - Acidosis
 - Spinal injury
 - Cerebral hemorrhage

- 29) What is the advantage of using laparoscopy in investigating subfertility?
- Tubal factor
 - Pelvic adhesion
 - Asherman syndrome
 - Endometriosis
 - Abnormalities of uterine cavity
 - Birth asphyxia
- 30) Cervical carcinoma
- The incidence is increased in patient with history of STD
 - Pap smear is cytology study of desquamated cell from cervix
 - Liquid based preparation is superior than conventional method
 - Is in stage 2a if involved parametrium
 - Treatment for stage 2b is wertheim hysterectomy
31. Following are true on road traffic accident
- Bumper injuries commonly seen in pedestrian T
 - Common injuries inflicted by motorcyclist are head injury T
 - Toxicology is mandatory T
 - Steering wheel injury can cause cardiac contusion T
 - Subdural haemorrhage can lead to diffuse axonal injury T
- 32) regarding osteoporosis
- the bone is fully mineralized F
 - the bone structure is abnormally porous T
 - the bone strength is reduced T
 - higher risk to fracture T
 - lead to infection T
- 33) characteristic features of neuroleptic malignant syndrome
- leucopenia
 - muscle flaccidity
 - hyperthermia
 - clouding of consciousness
 - tachycardia
34. X-linked recessive
- All daughters of affected father are infected F
 - Males are more severely affected than female F
 - All females are not affected F
 - All males of the carrier mother are not affected F
 - A carrier mother has 25% of affected son T
35. In a patient with thrombocytopenia
- Bleeding into joints and muscles are typical presentation. (F)
 - Menorrhagia is a recognized presenting feature. (T)
 - Spontaneous bleeding is rare when the platelet count is above $30 \times 10^9/L$. (T)
 - A history indicating high risk for HIV infection is relevant. (T)
 - Examination of the peripheral blood film is useful. (T)
36. Regarding patent ductus arteriosus(PDA),
- It is associated with cytomegalovirus virus infection in early pregnancy F
 - Large PDA will result in narrow pulse pressure F
 - Spontaneous closure of duct after infancy is extremely rare T
 - Eisenmenger syndrome is one of the complications T
 - It is common in premature baby. T
37. Regarding Acute Rheumatic Fever
- After initial treatment, start with antibiotic prophylaxis long term F
 - Associated with Streptococcus Pneumonia T
 - Aortic regurgitation is the most common valvular lesion F
 - Chorea and arthritis usually recover completely without sequelae F
 - If PR interval is prolonged, there will be long term cardiac sequelae.
38. Regarding primary idiopathic Nephrotic syndrome
- Renal biopsy is not needed prior to starting corticosteroid T

- B.Hypertension is an uncommon feature
 C.Diuretic is necessary for steroid responsive nephritic syndrome
 D.Admission to hospital is needed for relapse
 E.Duration of steroid treatment for first relapse is 6 weeks. T
 F
 F
 F
39. Regarding acute renal failure
 A.Vomiting and diarrhea for 2 days; renal cause to cause ARF T
 B.Should restrict Na+, K+, Phosphorus F
 C.Urine indices determine whether the cause is prerenal or renal T
 D.Associated with metabolic alkalosis F
 E.For those who have 2 functioning kidneys, need obstruction of both kidney to cause ARF F
40. What are the absolute contraindication for live vaccine?
 A.Asymptomatic HIV F
 B.Prednisolone 1mg/kg for 5 days F
 C.Lymphoma T
 D.Pregnancy T
 E.1 year after IVIG for Kawasaki Disease F
41. At the age of 1 year, a child:
 A.Can stand from a sitting position T
 B.Can drop and drop toys (casting) T
 C.Can stand alone T
 D.Knows his/her name and gender F
 E.Has hand preference F
42. A previously well 2 month old baby boy was brought to hospital due to generalized tonic-clonic seizure that lasted for 5 minutes. No history of trauma. On examination, he was active, pink and no neurological deficit was found. Baby temperature was 39 C°. Other vital signs were normal.
 A.Lumbar puncture is strongly recommended in this child T
 B.Most likely this is simple febrile seizure T
 C.Anticonvulsant need t be given at this moment F
 D.Antibiotic is not necessary in this child T
 E.Blood sugar of child need to be determined T
43. Regarding Gullain Barre Syndrome
 A.Weakness which started at both lower limb T
 B.Sensory system involvement such as hyperparaesthesia is uncommon F
 C.Diagnosed with nerve conduction study T
 D.IVIG is the treatment of choice T
 E.Has elevated CSF protein T
- 44.In Chronic Renal Failure
 A. Anaemia- decreased lifespan of the Hemoglobin
 B. Restless leg syndrome- motor neuropathy
 C. Pruritus- Hypocalcaemia
 D. Galactorrhea- Hyperprolactinaemia
 E. Assymetry of the kidney size- Chronic renal artery stenosis
- 45.Causes of Sudden Death
 A. Pre-excitation syndrome
 B. Anamolous Left Coronary Artery
 C. Patent Foramen Ovale
 D. Bicuspid Aortic Valve
 E. HOCM
46. Vasculitis in Rheumatoid Arthritis produces
 A. Nephrotic Syndrome
 B. nailfold infarct
 C. gangrene of the bowel
 D. skin ulcer on the lateral side of the leg
 E. cervical myelopathy
47. Regarding SLE
 a.Diffuse proliferative GN has better prognosis than membranous GN
 b.Histological changes precedes clinical nephthopathy

- c.Nephrotic syndrome is an uncommon complication of lupus nephritis
- d.Anti GBM antibody is detected in lupus nephritis
- e.Immunosuppressive agents are seen to delay the progression of renal damage

48. Addison's disease

- a. autoimmune is the most common in the developed country
- B.one of its feature is proximal muscle weakness
- c.responds to corticosteroids
- d.panhypopituitarism is a recognised cause
- e. pigmentation only occurs at exposed areas

49.Regarding Plasmodium falciparum infection

- a. intermittent fever is characteristic
- b. Infected RBC is enlarged
- c. hypoglycaemia can be exacerbated by quinine treatment
- d.exchange transfusion is indicated if >15% RBC is infected
- e. pregnancy enhances immunity

50. Causes of prolonged apt are

- A. DIVC
- b.antiphospholipid syndrome
- c.clopidogrel therapy
- d.warfarin therapy
- e.Von Willebrand's disease

51.Complication of malignant metastasis to parapharangeal space include

- a. Paralysis of last four cranial nerve
- b. Paralysis of facial nerve
- c. Horner's syndrome
- d. External jugular vein thrombosis
- e. Carotid artery rupture

T
F
T
F
T

52.Decrease in red reflex

- A.Corneal oedema
- B.Posterior subcapsular cataract
- C.Hypopyon in anterior chamber
- D.Vitreous haemorrhage
- E. Retinal infarction

53.The common value in medical ethics are

- A.Autonomy
- B.Beneficence
- C.Malfeasance
- D.Social Justice
- E.Dignity

T
T
F
T
T

54.The following are anthropometric indices

- A.Weight for height
- B.Height for age
- C.Length for age
- D.Weight for age
- E.Upper arm circumference

T
T
T
T
T

55.The following are considered Non-communicable disease

- A.Natural disaster related diseases
- B.Road Traffic Accidents
- C.Down Syndrome
- D.Chlamydia
- E.Diabetes Mellitus

T
T
T
F
T

56.Regarding putrefaction

- A.It is breaking down of tissue by virus. F
- B.Greenish discolouration of skin appear earliest at buttock F
- C.It occurs 2-3 days after death in Malaysia F
- D.Hydrogen sulphide are formed during putrefaction T
- E.Estimation of time is most accurate during putrefaction F

57. Stages of quitting smoking includes

- A. Preserverance
- B. Precontemplation
- C. Contemplation
- D. Maintainance
- E. Relapse

F
T
T
T
F

58. Regarding Obesity

- A. Obesity is associated with eccentric ventricular hypertrophy
- B. reduced fertility
- C. BMI is underestimated in muscular individual
- D. Waist circumference determine truncal distribution of adipose tissue
- E. Waist hip ratio is the preferred measure of abdominal obesity compared to waist circumference

T
T
F
T
F

59. The following is true for abdominal ultrasound

- A. Hepatic abscess can show as solid lesion on ultrasound
- B. Majority of gallstones are radio-opaque.
- C. Radiolucent gallstones are demonstrable on ultrasound.
- D. Ultrasound shows inflammed pancreas in majority of patients with acute pancreatitis.
- E. Pancreatic pseudocysts develop within days after the acute episode of pancreatitis.

60. The following is correct

- A. Ureteric calculi are best demonstrated on ultrasound.
- B. All adult patients with first episode of pyelonephritis require imaging workup.
- C. One third of ectopic pregnancy cases are normal on TVS.
- D. Finding of appendicolith is highly suggestive of appendicitis in patient with RIF pain
- E. In small bowel obstruction, "sting of beads" sign is seen on erect abdominal X-ray

SET 3

1. Rheumatic fever

- A. Sydenham's chorea is one of major criteria T
- B. Recurrence is in 5 years
- C. Mid diastolic murmur is due to valvulitis F
- D. Erythema marginatum has a bull's-eye appearance T
- E. Prophylaxis antibiotics before dental surgery

2. heart failure

- A. NYHA class 3 -prognosis to survive <50% F
- B. ventricular hypertrophy cause diastolic dysfunction T
- C. b-blocker improves mortality rate T
- D. can be symptomatic even heart contractility is normal on echo scan F
- E. ankle oedema evidence of left ventricular failure F

3. death due to asphyxia

- a. petechia seen on chest characteristic of asphyxia F
- b. smothering causes internal airway obstruction F
- c. in judicial hanging, usually due to asphyxia F
- D. hanging cause fracture of hyoid bone F
- e. one cannot commit suicide by manual strangulation T

4. Regarding COPD

- a. Asymptomatic interval is present T
- b. a1-antitrypsin is associated with bronchitis F
- c. Flapping occur when pCO₂ more than 60 mmHg T
- d. Pursed lips in bronchitis F
- e. Polycythemia is a known complication T

5. drug-induced lupus

- A hydralazine T
- B rifampicin F
- C oral contraceptive F
- D procainamide T
- E immunosuppressant F

6. Multiple myeloma

- a. IgA is the commonest subtype
- b. ALP is always increased as a presentation
- c. biphosphonate is the treatment
- d. paraprotein level decrease after chemotherapy
- e. paraprotein in the urine and electrophoresis is diagnostic

7. match the correct causes of secondary hypertension

- A acromegaly - usually present with hypertension first F
- B hyperthyroid - wide pulse pressure T
- C Pheochromocytoma - palpitation and headache T
- D primary hyperaldosteronism - hypokalaemic T
- E cushing syndrome - rule out in absence of hyperpigmentation F

8. Typhoid

- A. Herpes Labialis is a common presentation
- B. Fever is low after 72 hours of antibiotics
- C. Neutropenia is a common presentation
- D. Haemorrhage from the GI tract in the third week
- E. Co-trimoxazole used in the treatment

9. regarding JCA

- A. Pericarditis is common
- B. Leucocytosis
- C. Malar rash
- D. Rheumatoid Factor positive
- E. Hepatosplenomegaly

10. a lady was diagnosed to have iron deficiency anaemia. Iron supplement was given for 3 months. she was

compliant to the supplement but her haemoglobin is still low, what are the conditions you will consider in her cases:

A: a wrong diagnosis for her current problem. T

B: partial gastrectomy T

C: poor diet F

D: menorrhagia T

E: cancer colon T

11. Hyperparathyroidism

A. In primary hyperparathyroidism- hypercalcemia with hypophosphatemia T

B. Carpopedal spasm post thyroidectomy suggestive of hypoparathyroidism T

C. Renal osteodystrophy associated with tertiary hyperparathyroidism T

D. parathyroid adenoma diagnosed by physical examination F

E. Chronic diarrhea is a common feature of primary hyper-Parathyroidism F

12. Hepatitis C

a. in Malaysia mostly by vertical transmission F

b. usually goes chronic T

c. chronic cause can lead to cirrhosis T

d. treated by pegylated interferon and ribavirin T

e. HCV detected by 1 week T

13. STD

A infected person can be asymptomatic T

B chlamydia infection cause infertility in men F

C gonorrhoea is presented with painless chancre F

D secondary syphilis may be presented with a non pruritic rash T

E herpes associated with most of cervical cancer F

14. GERD

a) increased in number of transient relaxation of LES T

b) associated with H.pylori infection F

c) absence of esophageal peristalsis F

d) a/w with hiatus hernia T

e) can be treated by PPI, clarithromycin and metronidazole F

15. Inhalational burn injury

a. Tachycardia T

b. Tachypnoea T

c. fall in PaCO₂ F

d. treat with nebulized salbutamol F

e. treat with 100% oxygen T

16. regarding gynaecomastia, what do you want to assess further

a) history of using ketoconazole F

b) liver function test T

c) prolactin level T

d) the genitalia T

e) parathyroid hormone F

17. Side effects of Topical Steroids

a. striae

b. purpura

c. cutaneous atrophy

d. alopecia

e. hypopigmentation

18. Systemic Lupus Erythematosus –skin manifestations include

a. Mouth and nose painless ulcers

b. Discoid lupus erythematosus

c. Alopecia

d. Rosacea

e. Erythema nodosum

19. The following statements are true

a. Mycosis fungoides is a dermatophyte infection of the skin

b. Lichen planus is a pruritic skin condition

- c. Wickham's striae is the other name for striae gravidarum
- d. Bullous Pemphigoid is an autoimmune disorder
- e. Rodent ulcer is the other name for squamous cell carcinoma

20. Which of the following statements is/ are true about urine analysis?

- A. Presence of eosinophils indicate acute interstitial nephritis ✓
- B. Food containing anthocyanins, e.g. cherries and plums, may turn urine into a pink colour ✓
- C. Presence of bacteria in a supra-pubic aspirated urine sample indicate urinary tract infection ✓
- C. Presence of dysmorphic red cells indicate the its origin from lower urinary tract Presence of urate crystals may be a cause of a newborn baby boy's pink urine stain on nappies ✓

21. osteosarcoma

- A. T commonly affecting the femur
- B. T most commonly affected the patient between age 10-20
- C. T most frequently metastases are lung, bone, and kidneys
- D. T humeral lesions have the best probability of survival compared to femur

22. regarding subacute thyroiditis T

- a. associated with viral infection F
- b. associated with enlarged and non tender thyroid F
- c. lethargy, weight loss F
- d. associated with thyroid antibodies F
- e. treat with thyroxine F

23. Carcinoma Prostate

- A. is estrogen dependent F
- B. involves the outer gland T
- C. associated with changes from adenoma F
- D. includes diagnostically raised serum alkaline phosphatase F
- E. usually metastasize to lumbar spine T

24. poor wound healing

- A obstructive jaundice F
- B DM T
- C antithrombin III deficiency F
- D vitamin K deficiency T
- E infection T

25. parotid swelling

- A need biopsy for diagnosis F
- B enucleation is possible because of complete capsule F
- C facial nerve palsy is suggestive of malignancy T
- D FNAC is helpful in diagnosis F
- E superficial parotidectomy is surgical treatment for pleomorphic adenoma T

26. traumatic rupture of tympanic membrane

- A treated removal of blood clot F
- B prophylactic systemic antibiotic T
- C put sterile cotton bud in the concha T
- D antibiotic eardrop T
- E myringoplasty if fail to heal T

27. optic tract

- a fiber on nasal side of retina decussate at optic chiasm T
- b pituitary tumor with supracellar extension cause bitemporal hemianopia T
- c binasal hemianopia caused by posterior communicating artery aneurysm F
- d macular sparing caused by occipital lobe lesion T
- e upper quadrhemianopia caused by temporal lobe lesion T

28. determinative effect of radiation

- A. Infertility T
- B. Cancer formation F
- C. Cataract T
- D. Lung fibrosis F
- E. Enterocolitis T

29. patient control analgesia

- a) sodium thiopetone F
- b) fetanyl T
- c) morphine T
- d) propofol F
- e) pethidine T

30. Microcephaly

- A achondroplasia F
- B Down's syndrome F
- C thalassaemia F
- D hydrocephalus F
- E congenital infection T

31. Breastfeeding

- A higher whey: casein ratio than cow's milk T
- B provide adequate nutrient for up to 2 years F
- C reduce risk of gastrointestinal infection T
- D associated with conjugated hyperbilirubinaemia F
- E recommended exclusive breastfeeding for 4 months F

32. 18 months

- A get up and down stairs with hand held T
- B point to 2 or 3 body parts T
- C stand on one foot for seconds F
- D use spoon well T
- E copy "+" F

33. Differential diagnosis need to be considered in NNJ less than 12 hours are

- A hereditary spherocytosis T
- B physiological jaundice F
- C biliary atresia F
- D hemolytic disease of newborn T
- E infection T

34. Regarding pneumonia

- A. All cases are caused by microorganism F
- B. Most common causative agent in school age is mycoplasma pneumoniae T
- C. FBC and CXR can differentiate between viral or bacteria F
- D. Blood culture should always be done in all cases F
- E. Child 2 months old with mild pneumonia should be admitted T

35. 4 years old asthmatic patient was seen in panel clinic and was not on prophylaxis. Past 2 months, he developed cough at night at least 2 days per week. Has wheeze after playing. Has been nebulized 1 time last month.

- A. He has mild persistent asthma F
- B. The best prophylaxis is easyhaler beclomethasone F
- C. His activity should not be limited T
- D. B2 agonist is good to take before exercise T
- E. PEFR must be performed in this child F

36. Home management of AGE (plan A)

- A. Avoid food rich in simple glucose T
- B. If breastfed exclusively, ORS can be omitted F
- C. Change to lactose free formula F
- D. Stop formula milk F
- E. If child has fever, need to be admitted to hospital T

37. immunization

- A rubella is given 12 months before pregnancy F
- B BCG safe for asymptomatic HIV positive baby T
- C Hib can prevent meningitis T
- D MMR is a live attenuated vaccine T
- E Hep B vaccine is given every 5 years regardless of immune status F

38. The following statement(s) is/are true regarding Progesterone only Pills

- A. The mechanism of action is by inhibit ovulation F

- B. It causes menstrual irregularities T
- C. Reduces the occurrence of functional ovarian cyst F
- D. Contraindicated in lactating mother F
- E. Contraindicated in patient age more than 35 F

39. following statement is/are true regarding carcinoma of ovary

- a) epithelial cell more common than non epithelial cell T
- b) frequently occur in age 50-70 years old T
- c) CA 125 is a specific marker of ovarian cancer F
- d) small familial association F
- e) staging by laparotomy T

40. Regarding postpartum haemorrhage:

- A is the leading cause of maternal mortality worldwide
- B is defined as blood loss of more than 300mL after delivery
- C is commonly caused by uterine atony
- D can be prevented by active management of 3rd stage of labour
- E is lower incidence in instrumental delivery

41. Episiotomy:

- A Is an incision of the labia to increase vulva outlet
- B Midline incision causes less pain during puerperium period
- C Is mandatory for primigravida
- D Is indicated for fetal malposition
- E Can extend to fourth degree tear to anal sphincter.

42. severe pre-eclampsia

- a. Hyporeflexia F
- b. maternal weight loss F
- C. proteinuria T
- d. low urine output T
- e. epigastric tenderness T

43. Oligohydramnios is associated with

- A Hydrops fetalis
- B Intrauterine growth restriction
- C Trachea-esophageal fistula
- D Renal agenesis
- E Anencephaly

44. C5 C6 brachial plexus injury

- A loss of shoulder abduction T
- B loss of forearm pronation F
- C loss of elbow flexion T
- D loss of wrist flexion F
- E loss of lateral rotation of upper arm T

45. posterior dislocation of hip

- A post is more common than anterior T
- B need urgent open reduction F
- C usually dashboard trauma T
- D femoral nerve palsy F
- E acetabular fracture T

46. Gout

- a. caused by disorder of purine metabolism T
- b. occurred as recurrent synovitis following urate crystal deposition at synovial tissue T
- c. known cause of hyperparathyroidism F
- d. confirmed by negatively birefringent crystal T
- e. tophi at pinna of the ear T

47. what are/is the health status indicator:

- A: immunization programme T
- B: maternal mortality rate T
- C: Perinatal mortality rate T
- D: birth weight of baby F

E: prevalence of drug addiction F

48. nutritional assessment

- A amount of weight loss over last 3 months F
- B serum alkaline phosphatase F
- C dietary diary T
- D serum albumin T
- E urine urea concentration F

49. Community

- A. Paired t-test : To compare pre & post intervention scores T
- B. Mann Whitney Test: F
- C. Chi Square : To compare two categorical variables T
- D. ANOVA: To compare two or more independent variables T
- E. Regression: F

50. A female police officer brought a young rape victim, need to be examined by male doctor..chaperon is/are

- A victim's mother F
- B female attendant T
- C female nurse T
- D male doctor F
- E female police officer T

51. Nicotine replacement therapy

- A: combine with counseling, better effect T
- B: contraindicated after recent MI F
- C: use for at least 3 months T
- D: addiction to it is uncommon T
- E: Failure limited by side effect T

52. the following are stages of grief according to Elizabeth Kubler Ross' model

- a)repression
- b)depression
- c)acceptance
- d)anger
- e)sublimation

53. Codman's triangle

- a) a triangle formed at the metaphysic due to new bone formation T
- b) a triangle in bone eroded by tumor ?
- c) a triangle of new bone formation which irritates subperiosteal vessels T
- d) only seen in osteosarcoma F
- e) a radiological finding T

54. Regarding osteosarcoma

- a) has a bimodal onset T
- b) local swelling is the first presentation T
- c) can present with pathological fracture T
- d) treated with limb-salvage amputation T
- e) neoadjuvant chemotherapy is contraindicated ?

55. Features to differentiate between delirium and dementia

- a) dysphoria F
- b) impaired memory T
- c) disorientation T
- d) fluctuating course T
- e) auditory hallucination T

56. Following statements are true regarding menstrual cycle:

- A New endometrial growth begins during menstruation
- B Ovulation coincides with LH peak
- C Menstruation occurs following estrogen withdrawal
- D Average size of follicles during ovulation is 23mm
- E Theca cells exclusively secrete androsterodione

57. Indication of ECT

- A. Stupor
- B. Acute schizophrenia T
- C. Postpartum psychosis F
- D. Mild depression T
- E. Catatonic schizophrenia T

58: Regarding rheumatic fever

- A Prolonged PR in ECG T
- B Migrating arthritis T
- C Streps viridans is the causative agent F
- D Blood culture for causative agent is positive F
- E Antibiotics prophylaxis is given T

59. The following arterial pulse character is correctly match with the disease

- A. Slow rising pulse- aortic stenosis T
- B. Collapsing pulse_ hypovolaemic shock
- C. visible bronchials- arteriosclerosis T
- D. Low volume pulse – severe anemia F
- E. Pulse deficit- atrial fibrillation T

60. Regarding chronic complication of DM

- A. peripheral vascular disease causes intermittent claudication T
- B. peripheral neuropathy causes erectile dysfunction F
- C. It is one of the common cause of renal failure in our country T
- D. Patients should go for regular eye check up even no complaints of blurring of vision T
- E. Beta blockers help to prevent progression of nephropathy F

SET 4

1.Regarding Perthes disease

- A.Fever is a sign
- B.Affects children under 2 years
- C.Due to avascular necrosis of femoral hip
- D.Osteotomy is required
- E.MRI for investigation

2.The following drugs can cause Serotonin Syndrome, except

- A.Flucloxacillin
- B.MAO-I
- C.Velafaxine
- D.Olanzapine
- E.Ecstasy

3.Complications of massive blood transfusion are

- A.Hypothermia
- B.Thrombocytopenia
- C.Acute Pulmonary Edema
- D.Hypokalemia
- E.Hyperkalemia

4.Myasthenia Gravis,

- A.Campylobacter Jejuni precedes its onset
- B.Autoimmune destruction of Ach receptor
- C.Often associated with areflexia
- D.Anti-cholinesterase is a given for symptomatic control
- E.Thymomectomy is usually helpful

5.Systemic manifestation of acute phase of IBD

- A.Conjunctivitis
- B.Cholangiocarcinoma
- C.Pyoderma gangrenosum
- D.Primary sclerosing cholangitis
- E.Portal vein thrombosis

6.Causes of cataract,

- A.Ocular trauma
- B.Corneal ulcer
- C.Long term topical steroid
- D.Hypertension
- E.Diabetes Mellitus

7.Causes of acute painful scrotal swelling

- A.Testicular torsion
- B.Strangulated indirect hernia
- C.Epididymitis orchitis
- D.Varicocele
- E.Hydrocele

8.Oncological Emergency includes,

- A.Hypercalcemia
- B.Malignant pericardial effusion
- C.Multiple liver mets
- D.Carcinomatous meningitis
- E.Pathological fracture

9.Pancytopenia

- A.IDA
- B.Aplastic anemia
- C.Myelodysplasia
- D.Malignant infiltration of bone marrow
- E.ITP

10.Sensori-neural hearing loss

- A. Positive Rinne's test
- B. Lateralized to abnormal ear
- C. Normal absolute bone conduction test
- D. Low frequency
- E. Poor speech discrimination

11. Causes of bilateral hydronephrosis

- A. Pelvic-ureteric junction
- B. Ureteric calculi
- C. Cervical carcinoma
- D. Posterior urethra
- E. Idiopathic retroperitoneal fibrosis

12. PDA

- A. Collapsing pulse
- B. Is a holosystolic murmur
- C. Left ventricular dilatation
- D. Most common congenital heart defect in Turner syndrome
- E. Commonly seen in premature

13. Primary Post-partum haemorrhage

- A. Blood loss of more than 500ml within 48 hours
- B. APH is a risk for PPH
- C. Hypercoagulation
- D. Uterine atony
- E. Syntocinon is used instead of syntometrine in case of hypertension

14. Fulminant Pre eclampsia

- A. Headache
- B. Lower abdominal pain
- C. Blurring of vision
- D. Reduced urine output
- E. Restlessness

15. Ectopic pregnancy

- A. Most common at isthmus
- B. PID
- C. IUCD
- D. Surgery is the only choice of treatment
- E. 10-20% risk for another tube

16. Induction of labour in term can be done using

- A. ARM
- B. PGF2
- C. Foley's catheter
- D. Hegar dilator
- E. Oxytocin

17. Lactation

- A. Prolactin causes contraction of myoepithelial cells
- B. Stress can reduce milk production
- C. Progesterone can reduce milk production
- D. Causes delayed ovulation
- E. Oxytocin is stimulated by suckling

18. Absolute contraindications for breast feeding in Malaysia is

- A. HBsAg
- B. Under cytotoxic medication
- C. HIV mothers
- D. Cefuroxime
- E. Postpartum depression

19. Child with first episode of unprovoked general tonic clonic seizure

- A. Lumbar puncture is indicated
- B. Start anticonvulsant
- C. Neuroimaging not recommended

D. CT brain should be done

E. If recurs within 24 hours, it is known as epilepsy

20. Regarding insulin dependent diabetes mellitus in pregnancy

A. Associated with increase risk of congenital abnormality

B. Reduced maternal insulin requirement

C. Best monitored by glycosylated haemoglobin level

D. Associated with fetal growth restriction

E. Should be taken into consideration when interpreting the serum screening for Down's syndrome.

21. True statement

A. LSCS reduced risk if thrombotic disease

B. with history of previous LSCS, the future pregnancy will be always with LSCS

C. LSCS can be performed under regional analgesia

D. Classical Caesarean indicated when large vessel in lower segment

E. The main cause of death in pregnancy and puerperium is eclampsia

22. Regarding nephritic syndrome during childhood:

A. Renal biopsy is needed prior to starting corticosteroid F

B. Hypertension is uncommon T

C. Minimal change nephritic syndrome is common in a child less than one year old T

D. Child who not responds to steroid therapy for 4 months are considered steroid dependent F

E. Killed vaccine can be safely administered while the child is on corticosteroid treatment T

23. Diagnosis of Turner syndrome should be suspected:

A. in newborn with lymphoedema of hands and feet F

B. in girl with precocious puberty F

C. evidence of hemihypertrophy F

D. in girl with coarctation of aorta T

E. increase carrying angle of elbow T

24. In GERD

A. Nocturnal cough

B. Waterbrash

C. Retrosternal chest pain

D. Relieved by nitrates

E. Barrett's Mucosa

25. Tuberculosis – Extra pulmonary manifestations

A. Lupus Pernio

B. Erythema Nodosum

C. Liver Cirrhosis

D. Erythema Multiforme

E. Phlyctenular Conjunctivitis

26. Diabetes Mellitus

A. Long acting Sulphonylureas preferred over short acting

B. Microalbuminuria prediction of cardiovascular risk

C. DM type 2 has strong genetic predisposition

D. Painful Neuropathy associated with muscle wasting

E. Metformin contraindicated in Renal Failure

27. These are found in Child's Pugh Criteria

A. aPTT

B. Ascites

C. Bilirubin

D. Platelets

E. Albumin

28. Regarding Wertheim Hysterectomy,

A. Is the gold standard in the management of ovarian carcinoma.

B. Involves removal of uterus, cervix and ovary

C. Therapeutic and diagnostic effect on pelvic lymphadenopathy

D. Removal of 2-3cm of vagina but does not affect sexual intercourse

E. Lymphoedema may be a complication

29. In Chronic Renal Failure

- A. Anaemia- decreased lifespan of the Hemoglobin
- B. Restless leg syndrome- motor neuropathy
- C. Pruritus- Hypocalcaemia
- D. Galactorrhea- Hyperprolactinaemia
- E. Assymetry of the kidney size- Chronic renal artery stenosis

30. Causes of Sudden Death

- A. Pre-excitation syndrome
- B. Anomalous Left Coronary Artery
- C. Patent Foramen Ovale
- D. Bicuspid Aortic Valve
- E. HOCM

31. Vasculitis in Rheumatoid Arthritis produces

- A. Nephrotic Syndrome
- B. nailfold infarct
- C. gangrene of the bowel
- D. skin ulcer on the lateral side of the leg
- E. cervical myelopathy

32. The following are features of secondary syphilis

- a. condyloma accuminata
- b. condyloma lata
- c. alopecia
- d. mouth ulcers
- e. tabes dorsalis

33. The following are true of Psoriasis

- a. There is a strong genetic tendency to the disease
- b. B-blockers aggravate psoriasis
- c. It is an infectious disease
- d. Mid-day sunlight is beneficial for disease control
- e. It exhibits Koebner's phenomenon

34. Erythrasma

- a. Is caused by *Corynebacterium difficile*
- b. Affects mainly the joints and extensor surfaces
- c. Exhibits Koebner's phenomenon
- d. Wood's light may cause a diagnostic fluorescence
- e. May cause maceration between the toes

35. Atopic Eczema

- a. Is a TH1 driven disease
- b. Has a high genetic tendency if both parents have atopy
- c. Classically affects the extensor parts of the body in adults
- d. Usually starts at about 2 years of age
- e. Associated with posterior subcapsular cataracts

36. Dengue fever

- A. Notify as soon as possible F
- B. Avoid NSAID T
- C. If significant hemorrhage, give whole blood cell than platelet concentrate F
- D. Splenomegaly is indicative of DHF F
- E. Critical period is 5 to 7 days F

37. Regarding the pneumonia:

- A. normal WBC count is due to viral origin. F
- B. Child of 2 months with mild pneumonia can be discharged home F
- C. Chest X-ray is always done in all cases F
- D. age of the child is important in order to know the antibiotic to be prescribed. T
- E. Most common causative agent in school age is mycoplasma pneumonia T

38. A 4 years old boy with asthma on MDI Budesonide prophylaxis, went for follow-up. Doctor noticed that he still had to use MDI salbutamol once to twice a week, had occasional cough at night, otherwise he had no other symptoms. Which of the following is true?

- A The asthma is only partially controlled T
 B Beclomethasone terbutaliner is a better choice on prophylaxis for him F
 C PEFr needed to be monitored regularly F
 D He should be admitted to hospital for every time he has an exacerbation F
 E His activity should be limited F
39. Regarding seizure in childhood..
 A the most common seizure for children is epilepsy F
 B tonic seizure is characterized by decreased muscular tone or rigidity F
 C Lumbar Puncture is should not be done for children age younger than 12 month F
 D Electroencephalogram is not warranted after a simple febrile seizure T
 E presence of aura suggestive of focal onset of seizure T
- 40) 22 yo male, haemophilia with FVIII < 1%, most likely clinical presentation
 A. Haemarthrosis T
 B. Petechial rash F
 C. Epistaxis F
 D. Muscular haematoma T
 E. Prolonged bleeding following superficial skin abrasion F
41. Immune thrombocytopenia purpura
 A The peripheral blood film will show reduced and larger platelet T
 B Platelet transfusion is the treatment of choices. F
 C All acute ITP should be hospitalization F
 D Treatment should not be directed at increasing the platelet count above the preset level. T
 E Splenectomy is indicated for child less than 2 years old F
42. Regarding Thalassaemia Beta Major:
 A It is autosomal recessive inheritance T
 B Iron chelation therapy is started at 1 year old F
 C Life long blood transfusion monthly with red blood cell is needed T
 D No iron accumulation if there is no blood transfusion done before T
 E Serum iron is normal at diagnosis. F
43. Regarding the carcinoma of prostate
 A Is the commonest cancer for man aged above 65 T
 B Commonly occur at the central zone F
 C PSA more than 10ng/mL is suggestive of it T
 D PSA more than 35 ng/mL is indicative of advanced disease T
 E Bone is the commonest site of metastasis T
44. regarding ankle brachial pressure index: (ABPI)
 A the result of 2 or more is considered normal F
 B the result is unreliable in patients with hardening of arteries F
 C level of arterial occlusion can be accurately detected F
 D some information of severity of arterial disease is possible T
 E doppler probe is used in measurement of blood pressure F
45. Indications for laparotomy
 A Peritonitis F
 B Evisceration T
 C Blunt trauma with negative diagnostic peritoneal lavage F
 D Blunt trauma with minimal abdominal pain F
 E Blunt trauma with retroperitoneal air T
46. Parenteral nutrition:
 A Is given the isotonic solution F
 B Is given to patient with major burn T
 C Can be given via central line T
 D Can be given via peripheral line T
 E Is indicated for patient with total colectomy F
47. Regarding the volvulus
 A Involve axial rotation T
 B Associated with low residual diet F

- C Commonly occur at caecum F
- D May occur at the stomach T
- E Require surgical intervention F

48. Regarding the carcinoma of penis:

- A Early childhood circumcision almost confer immunity against carcinoma of penis T
- B First lymph node that spread/involved is retroperitoneal lymph node F
- C The pain is the first/earliest symptom. F
- D While leukoplakia of penis is precancerous lesion T
- E Anaplastic changes require radical removal of penis T

49 Uterus is supported by

- A Cardinal ligament
- B Round ligament
- C Uterosacral ligament
- D Pelvic floor
- E Posterior vaginal wall

50. Germs cell tumour include(s):

- A Dysgerminoma
- B Granuloma cells tumours
- C Theca cell tumour
- D Yolk sac tumour
- E Teratoma

51) Regarding healing of fractures

- a) healing is faster in upper limbs as compared to lower limbs T
- b) hypertrophic non-union is due to stable fixation F
- c) atrophic non-union should be treated with internal fixation T
- d) delayed by poor local blood supply T
- e) delayed by smoking T

52)wrist ganglion

- a)commonest hand tumour T
- b)most common at volar surface T
- c)20% recurrence rate T
- d)dorsal ganglion arise from scaphoid-lunate ligament T
- e)risk of malignant transformation F

53) compartment of leg

- a) anterior T
- b) superior posterior F
- c) medial F
- d) lateral T
- e) deep posterior T

54)Tb spine

- a)common in lumbar spine F
- b) 80% culture is positive T
- c) can be treated alone by anti TB F
- d) poor prognosis for neurological recovery F
- e)start from the disc F

55) Regarding trigger finger

- a) painful click T
- b) steroid is one of the treatment T
- c) usually affect index finger F
- d) associated with DM T
- e)finger is locked in Grade 2 based on Green's Staging. F

56)side effect of amphetamine

- a)tremors
- b)bradycardia
- c) dry mouth
- d) miosis
- e) goose flesh

57. Lithium therapy:

- A) partially metabolise in liver
- B) lithium-induced hypothyroidism can only be treated by stopping the drug
- C) thiazide lowers lithium level
- D) lower ADH production lead to polyuria & polydypsia
- E) fully effective after 6 mnth

58. Regarding the flail chest:

- A Fracture of one or more ribs in one or more places F
- B Accompanied by pulmonary contusion T
- C Paradoxical motion causes of hypoxia T
- D Initial treatment is ventilation and adequate oxygen therapy T
- E Intubation and ventilation are standard care F

59.Regarding Asthma

- A.Asthma is a chronic inflammatory disorder of the airway T
- B.The pathophysiology of asthma does not involve bronchial hyperresponsiveness. F
- C.The mechanisms involved include direct stimulation of airway smooth muscle T
- D.The airways of the lungs consist of the cartilaginous bronchi and membranous bronchi only F
- E.Current asthma treatment with anti-inflammatory therapy does not prevent progression of the underlying disease severity T

60.Regarding Cerebral palsy

- A.is the most common reversible disability of childhood. F
- B.It is caused by injury or insult to the brain either before or during birth, or in early infancy. T
- C.There is no known cure for Cerebral palsy T
- D.Medical treatment reverse the effect of cerebral palsy F
- E.Caretaker need to Prevent physical injury by providing the child with a safe environment T

SET 5

1. Regarding dengue fever,
 - A. Gum bleeding is the feature of dengue haemorrhagic fever t
 - B. Pleural effusion is the feature of dengue haemorrhagic fever t
 - C. Increase haematocrit level indicates poor prognosis T
 - D. Previous serotype infection give immunity to all other serotype F
 - E. Platelet transfusion is the primary treatment of dengue haemorrhagic fever. F
2. Regarding respiratory failure,
 - A. Ventilation failure if $pCO_2 > 60\text{mmHg}$ f
 - B. Is diagnosed with pulse oximetry f
 - C. pH is slightly decrease in early respiratory failure. F
 - D. Myasthenia gravis is a known cause T
 - E. Ventilation-perfusion (V/Q) mismatch occurs type 2 respiratory failure. F
3. Regarding COPD patient,
 - A. Smoking/smoker is considered as stage 0 T
 - B. Mechanical ventilation is usually required in severe respiratory failure
 - C. Cor Pulmonale is a recognized complication T
 - D. Ventilation/Perfusion mismatch is the cause of respiratory failure type II F
 - E. Pursed lip breathing is due to pink puffers. T
4. Regarding ulcerative colitis(UC):
 - A. Usually is exacerbated by smoking F
 - B. Fistula fistula is a known complication F
 - C. Associated with skip lesions F
 - D. Is diagnosed by presence of granuloma at rectal biopsy F
 - E. Has tendency to change to colon cancer. T
5. Regarding Diabetes Insipidus,
 - A. Head trauma is a recognized cause T
 - B. Is characterized by hypersecretion of arginine vasopressin F
 - C. Presence of glycosuria on dipstick F
 - D. May be fatal if no adequate fluid resuscitation T
 - E. Hypokalaemia is a cause. T
6. Which one is/are the cause(s) of absent of 'P' wave:
 - A. Atrial fibrillation T
 - B. Sinus arrest T
 - C. Hyperkalaemia T
 - D. Second degree heart block F
 - E. Third degree Complete heart block F
7. Which of the following determines prognosis in acute myocardial ischaemia?
 - A. Killip score T
 - B. Involvement of left anterior descending artery infarct T
 - C. Onset of thrombolysis time T
 - D. Idioventricular rhythm
 - E. Left ventricular ejection function rate $<40\%$
8. Neurological deficit and lesion is/are correctly matched:
 - A. Right lower limb paralysis : Left anterior cerebral artery occlusion t
 - B. Global aphasia : occlusion at main trunk of left middle cerebral artery t
 - C. Homonymous hemianopia : central retinal artery occlusion f
 - D. Right abducent nerve and facial nerve palsy with left lower limb weakness : Left pons f
 - E. Truncal ataxia : vermis of cerebellum t
9. Regarding panhypopituitarism,
 - A. Postpartum haemorrhage is a known cause T
 - B. Can present with galactorrhoea F
 - C. Loss of secondary sexual hair is the features T
 - D. Skin pallor is due to anaemia F
 - E. Regular cortisol replacement is needed T

10. A 65 year old gentleman underwent an uncomplicated cholecystectomy. Pre-Operative blood tests were normal. 3 days after post-Op he developed fever and ileus. By day 7, he developed spontaneous bruising and bleeding at the intravenous site. Blood test shows Hb =9 g/dL, TWC = $15.2 \times 10^9 /L$, platelet = 90 k, PT = 20 (NC=13s), aPTT= 52(NC=38s). What is/are the POSSIBLE cause(s)?
- Disseminated intravascular coagulopathy T
 - Factor IX deficiency F
 - Chronic liver disease F
 - Vitamin K deficiency f
 - Factor VIII deficiency F
11. Causes of polyuria includes:
- Hyperglycaemia T
 - Hypercalcaemia T
 - Hypokalaemia T
 - Early stage of chronic renal failure T
 - Post supraventricular tachycardia T
12. Features consistent with Systemic lupus erythematosus:
- Anti Smith antibody T
 - Leucocytosis F
 - Thrombocytopenia T
 - Reduced complement C3 and C4 T
 - Positive anti-dsDNA T
13. Regarding delirium in elderly patient:
- It is a common medical emergency T
 - Fluctuation is a feature T
 - Physical restraint should be used F
 - CT brain scan is a routine investigation F
 - Pressure sore is a complication F
14. Regarding leprosy,
- It is caused by gram positive bacteria T
 - Spreads via nasal secretions of infected person T
 - Is treated with combination of rifampicin and other drugs T
 - Is cultured in Lowenstein Jensen media F
 - One of the cause of peripheral neuropathy T
15. Objective of Medicolegal autopsy is to,
- To certify brain death F
 - To confirm death has occurred F
 - To deduce the possible cause and mechanism of injury T
 - To facilitate organ transplant F
 - To collect trace evidence from body in criminal cases. T
16. Carbuncle,
- Commonly occurs in the face F
 - Is the infection with hair follicle F
 - Commonly associated with diabetes mellitus T
 - Always requires surgical intervention T
 - Is a type of infective gangrene F
17. Regarding head injuries,
- History of lucid interval suggests extradural haematoma T
 - Skull X-rays can exclude intracranial haemorrhage F
 - Raised intracranial pressure causes increase perfusion to the brain f
 - Cushing's reflex includes raised blood pressure and decrease in heart rate T
 - Pupil dilatation happens on the same side of the intracranial haematoma T
18. Regarding the treatment of Acute pancreatitis:
- Should be conservative if diagnosis is in doubt
 - Include octreotide F
 - Include calcium gluconate T
 - Include large doses of antibiotic F
 - Should be treated with immediate laparotomy and pancreatectomy F

19. Acute appendicitis,
 A.It is common with increase of age and carry high mortality in the elderly. F
 B.Incidence is greatest in childhood. F
 C.Appendix is extraperitoneal and retrocaecal position in 20% of patient F
 D.Faecolith is found in nearly of one quarter of resected appendix F
 E.Induced diarrhea can sometimes relieve symptoms in some patient. F
20. Regarding acute ischaemic limb:
 A.Acute artery ischaemic is less dramatic in patients with underlying chronic arterial ischaemia T
 B.Is commonly seen in patient with atrial fibrillation t
 C.Loss of sensation requires immediate management
 D.Pale/Hyperpigmented skin is an early sign
 E.Intraarterial anti-thrombolysis early treatment with no mortality.
21. Regarding Peptic ulcer disease,
 A.Hylocobacter pylori is a known cause t
 B.Duodenal ulcer is more common than gastric ulcer T
 C.Zollinger Ellison syndrome is associated with gastrin hypersecretion
 D.Proton pump inhibitors is effective in healing duodenal ulcer F
 E.Triple therapy is effective in eradicating almost all Hylocobacter pylori T
22. Regarding hypokalaemia,
 A.ECG shows tall T wave f
 B.May cause by colloid carcinoma of rectum
 C.Give patient calcium decanoate???
 D.It can be caused by insulin use in DM patient T
 E.In severe case, it can be treated with intravenous bolus of potassium chloride infusion F
23. Regarding sebaceous cyst
 A.It arises from epidermis.
 B.It has central punctum T
 C.The content is degenerative mucopolysaccharide. T
 D.Can illicit fluctuation test positive T
 E.Is commonly found at scalp. F
24. The following can present as painful perianal:
 A.Ischiorectal abscess T
 B.Cancer of anal
 C.Anal fissure t
 D.Proctalgia fugax
 E.Rectal prolapse
25. Regarding polyps,
 A.Juvenile polyps is always premalignant F
 B.Metaplastic polyps is usually more than 2cm F
 C.Metaplastic polyps are premalignant condition. T
 D.Villous type is associated with high risk of malignant changes compare to tubular type T
 E.It can be seen in more than 50% of population , age more than 45 years old.
26. Regarding hernia,
 A.Femoral hernia is the most common type in females F
 B.Presenting symptom of pain on the knee suggest obturator hernia
 C.Irreducible hernia has wide neck F
 D.Diagnosis can be made based on clinical findings T
 E.Preoperative preparation of the patient is important to prevent future recurrence T
27. Complication of allergic rhinitis is/are:
 A.Recurrent sinusitis t
 B.Non airflow rhinitis
 C.Serous otitis media t
 D.Nasal synechia
 E.Bronchial asthma t
28. The following are the features of acute angle closure glaucoma,
 A.Increase intraocular pressure T
 B. corneal oedemat

- C. Shallow anterior chamber T
D. Increase cup disc ratio T
E. Small pupils. f
29. In chest radiograph,
A. Tension pneumothorax is demonstrated as shift of mediastinum to the contralateral side T
B. Multiple lung nodules of varying sizes signifying lung metastases t
C. Pneumothorax is seen as opaque haemothorax on the same side f
D. Lung consolidation/bronchopneumonia is easily differentiated from acute pulmonary oedema
E. Pleural effusion cause blunting of costophrenic angle. t
30. Regarding Arterial blood gases,
A. The normal range of pCO₂ is from 20-30mmHg f
B. Blood sample is best be taken form carotid artery
C. The sample should be heparinized
D. The normal pH level is 7.4 f
E. The normal pO₂ level is around 100mmHg f
31. A 2 year old child is brought to paediatric clinic with a suspicion of heart disease. The following is/are the feature suggestive of small VSD:
A. Wide splitting second heart sound f
B. Loud pansystolic murmur at lower left sternal edge t
C. Child is asymptomatic t
D. Thrill is palpable at lower left sterna edge t
E. Apex is displaced f
32. Complication commonly found in premature infant are:
A. Meconium aspiration syndrome f
B. Hyperglycaemia f
C. Necrotizing enterocolitis t
D. Patent ductus arteriosus t
E. Biliary atresia f
33. Regarding shock in children,
A. Systolic BP at 50th centile excluded shock
B. Absence of cool extremities excluded shock f
C. In cardiogenic shock, hepatomegaly is the more reliable sign than raised JVP
D. Generalised oedema does not have hypovolaemic shock f
E. Initial management includes giving 100% oxygen.
34. Symptoms and signs of increase intracranial pressure in children is/are:
A. Increase appetite F
B. Irritability T
C. Cyanosis
D. Bradycardia T
E. Hypertension T
35. About primitive reflex,
A. Moro reflex should disappear by 8 months f
B. Palmar grasp reflex disappear by 1 year f
C. Persistent asymmetrical atonic neck by 8 months is an early sign of cerebral palsy
D. Parachute reflex disappear by 1 year
E. Extensor plantar reflex is abnormal in 4 weeks old baby
36. Signs of acute severe asthma includes:
A. Presence of Harrison's sulcus F
B. Central cyanosis T
C. Bilateral intercostals recession
D. Presence of hyperexpanded of chest f
E. Silent chest T
37. Regarding anaemia in children
A. Ovalocytosis is an autosomal dominant disease
B. Aplastic anaemia is presented with cervical lymphadenopathy and hepatosplenomegaly f
C. Beta-Thalassemia major patient will always presented with gallstone f
D. Iron Deficiency Anaemia will has reticulocytosis f

E.Acute splenic sequestration is a life threatening condition/complication in sickle cell anaemia.t

38. Regarding G6PD deficiency,
- A.Is an autosomal recessive inheritance
 - B.Is excluded if enzyme activity level is normal immediately after acute haemolysis episode
 - C.Cause acute haemolysis crisis after ingestion of co-trimazole
 - D.Can presented with huge hepatosplenomegaly in children
 - E.Is a known cause of unconjugated hyperbilirubinaemia in newborn
39. Dilatation and curettage is useful in:
- A.Diagnosis of endometriosis
 - B.Diagnosis of endometrial hyperplasia
 - C.Treatment of missed miscarriage
 - D.Treatment of severe congestive dysmenorrhoea
 - E.Diagnosis of ectopic pregnancy
40. Regarding ectopic pregnancy,
- A.Increase incidence with Intrauterine contraceptive device use
 - B.Most important risk factor is Pelvic inflammatory disease
 - C.Detectable B-HCG is present
 - D.Most usual first presentation symptoms is per-vaginal bleeding
 - E.Clinical history is more diagnostic than physical signs.
41. About the management of cord prolapsed,
- A.Replacement of cord from the vulva into vagina
 - B.Place mother into exaggerated Sim's position.
 - C.Immediate assisted delivery by forceps is needed
 - D.Replacement of cord into the uterus
 - E.Fetal cord blood is taken for ABG.
42. Congenital heart disease in pregnancy:
- A.Is increase in incidence
 - B.With Eisenmenger syndrome associated with increased fetal mortality rate
 - C.Coarctation of aorta in an indication for termination of pregnancy
 - D.Causes more maternal death comparing to acquired heart disease
 - E.Antibiotic prophylaxis needed during antenatal
43. Regarding serous cystadenocarcinoma,
- A.Most common malignant ovarian tumour
 - B.Commonly presented at stage III
 - C.Mostly contain psammoma bodies in histology
 - D.If ruptured can presents with pseudomyxoma peritonei
 - E.Commonly involves bilaterally
44. Which one is/are true about genuine stress incontinence?
- A.Continuous wetness
 - B.Large amount of urine
 - C.Haematuria
 - D.Induced by cough
 - E.Is an associated feature of rectal prolapse
45. Which one will increase risk of endometrial carcinoma?
- A.Agranulosa tumor of ovary is present
 - B.Early menopause
 - C.History of atypical endometrial hyperplasia
 - D.Maturity onset of diabetes mellitus
 - E.High parity.
46. True regarding Pre-eclampsia,
- A.Proteinuria >0.5 g/day is significant
 - B.Associated with decreased peripheral vascular resistance
 - C.Associated with increase plasma volume
 - D.Associated with reduced glomerular filtration rate
 - E.Can cause reduce perfusion to the fetus

47. In patient with Developmental Dysplasia of Hip (DDH),
 A. In neonates, Barlow's test is to reduce the hip
 B. Tredelenburg's test is positive in 5 year old patient
 C. X-ray of pelvic can confirm the diagnosis.
 D. Bilateral DDH is difficult to detect comparing to unilateral DDH
 E. Surgical intervention is indicated below 5 year old.
48. Regarding acute osteomyelitis,
 A. Streptococcus sp is the commonest cause
 B. Surgery is the primary treatment
 C. Antibiotics is given for at least 6 weeks
 D. X-ray changes of bone demineralization can be seen by 5th day.
 E. ESR is the most sensitive parameters to monitor
49. Which of the following tumor spreads by lymphatic?
 A. Basal cell carcinoma
 B. Pleomorphic sarcoma
 C. Liposarcoma
 D. Epitheloid sarcoma
 E. Osteosarcoma
50. Regarding the lumbar vertebral compression fracture:
 A. Usually Involves anterior column
 B. Usually is stable
 C. Usually have neurological deficit
 D. Need to Fix with screw and plate
 E. Need extension body cast
51. Regarding home accident in children,
 A. Immersion burn is a presentation of accidental injury
 B. Banning use of fireworks is part of prevention method
 C. 12-18 months old child are pruned to fall
 D. Multiple accident at home will point to suspected child abuse
 E. Death due to drowning at home is cause by 'dry drowning'
52. Regarding air pollution,
 A. Main source is emission from the incinerator
 B. CO₂ gas released from cell power generator caused acid rain
 C. Gas emission from heavy industries contain toxic chemicals
 D. Lead pollution is associated with reduced mental impairment in children
 E. Green technology is a WHO recommendation to address air pollution problem.
53. True regarding Nasopharyngeal carcinoma:
 A. Strong link with HLA
 B. Cranial VIII is most commonly affected
 C. Considered intermediate level in Malaysia
 D. Does not associated with virus infection
 E. Smoking, environmental exposure to formaldehyde and wood dust are the risk factors
54. Regarding obesity,
 A. BMI is a direct measurement of body fat mass
 B. In Malaysian scenario, obesity is defined by BMI >30
 C. Weight loss 10% in obese people will reduce risk of developing type 2 DM >50%
 D. Sleep apnoea is a known complication
 E. Risk of developing hepatobiliary disease is greatly increased in obese patient.
55. Regarding cigarette smoking
 A. Smoking in mother can cause low birth weight
 B. Nicotine replacement therapy does not affect the withdrawal symptoms, it is given just to enhance the psychologically support.
 C. Withdrawal symptoms are tension, insomnia and irritability
 D. Nicotine patch can cause throat irritation, bad breath and oral ulcer
 E. Cough is common in early phase of smoking cessation.

56. A 57 year old is a newly diagnosed hypertensive patient with latest BP of 165/95 not on medication, what is your treatment?
- A. ECG is indicated
 - B. Ophthalmologist referral is indicated
 - C. Liver function test is indicated
 - D. Diuretics is the first line treatment
 - E. This patient is in second stage hypertension.
57. Regarding obsessional thought,
- A. Usually pleasurable
 - B. Rarely involved images
 - C. Patient did not resist it
 - D. Patient thinks that all the thought is true
 - E. Patient regards the thought as his/her own
58. Breastfeeding and psychiatric prescription is/are true:
- A. Sertraline is safe to be used in breastfeeding women
 - B. Sulprimide is minimally excreted in the breast milk
 - C. Carbamazepine is minimally excreted in the breast milk
 - D. Diazepam is minimally excreted in the breast milk
 - E. Lithium can be prescribed if blood monitoring is done regularly
59. Which one is/are good prognostic factor for Schizophrenia?
- A. Florid psychotic symptoms
 - B. Obvious affective symptoms
 - C. Onset at young age
 - D. No obvious precipitating factors
 - F. Long duration of psychosis before treatment
60. Regarding supportive psychotherapy
- A. Works well with patient with negative cognition
 - B. Very good in patient with relapsed
 - C. Very good in sexually abused patient in childhood
 - D. Therapy should listen more rather than analyze patient's problem
 - E. Reassurance should be given one therapist fully understood about patient's problem

SET 6

- 1) Regarding plasmodium vivax
 - A. Chloroquine resistance P.vivax is seen in Malaysia
 - B. It can cause severe cerebral malaria
 - C. Artemisinin based therapy can eradicate the infection completely
 - D. Bind to Duffy antigen.
 - E. Transmitted by female Anopheles mosquito

- 2) Match the following
 - A Rice water stool-Cholera
 - B Excessive watery stool-Lactose intolerance
 - C Red currant jelly stool- Hirschsprung disease
 - D Bloody stool-Rotavirus
 - E Constipation-Hypothyroidism

- 3) Features indicating non accidental injury in an infant:
 - A. Upper frenulum tear
 - B. Poor dental hygiene
 - C. Fractures extremities
 - D. Skull fracture with intracranial hemorrhage
 - E. Injuries consistent with the developmental milestone

- 4) A 14 years old girl came to GP with her parents, with complaints of abdominal pain. What is/are the appropriate management?
 - A. Consult her without her parents
 - B. Consult with parents along
 - C. Chaperone must be present during consultation
 - D. Do not asked regarding her menstrual history
 - E. Ask her last menstrual period

5. The following are true in leprosy
 - a. It has a an incubation period of 2-5 years
 - b. The organism can be cultured in an artificial medium
 - c. Slit skin smears are mandatory for diagnosis
 - d. Treatment is life long
 - e. Once completed treatment the patient is released from control

6. The following are complications of gonorrhoea
 - a. Bartholins abscess
 - b. Epididymo-orchitis
 - c. Pelvic inflammatory disease
 - d. Fitz-Hugh-Curtis' syndrome
 - e. Gonococcal septicemia

7. Regarding Leprosy
 - a. Caused by Mycobacterium marinum
 - b. Cultured in Malaysia in the foot pad of mice
 - c. Treatment is with 2 antileprotics that is Dapsone and Clofazimine for all forms of leprosy
 - d. Skin biopsy is recommended for paucibacillary disease
 - e. Skin biopsy is recommended for multibacillary disease

8. Drug reactions
 - a. Steven Johnsons Syndrome is a life threatening condition requiring hospital admission
 - b. Steven Johnsons Syndrome is associated with a high mortality
 - c. Toxic Epidermal Necrolysis is commonly caused by allopurinol and anticonvulsants
 - d. Erythema multiforme is associated with formation of target lesions
 - e. Fixed drug eruption can be caused by paracetamol

9. About STDs
 - a. Gonorrhoea presents as urethritis in females
 - b. 90% of women with Gonococcal cervicitis are symptomatic
 - c. Ceftriaxone remains the treatment of choice in uncomplicated gonorrhoea
 - d. Gonorrhoea is not a notifiable disease
 - e. Gonococcal septicemia is commonly seen in women

10. Hyperprolactenaemia

- A Diagnosis is often delayed in men
- B PRL level >200 ng/mL usually imply prolactinoma
- C Pregnancy, stress, nipple stimulation, chest wall lesions are causes
- D Phenothiazines, methyldopa, cimetidine, metoclopramide can be the cause
- E Causes include hypothyroidism, CRF

11. WHO definition of Diabetes mellitus is 2 fasting plasma glucose \geq 6mmol/L. F
b. Impaired glucose tolerance is associated with higher risk of arteriosclerosis disease. T
c. IDDM usually present in younger patient compared to NIDDM T
d. Steroid is a cause of DM T
e. Thyrotoxicosis is associated with DM T

12. Following cardiac murmur are correctly matched:

- A. Austin Flint : Aortic regurgitation (T)
- B. Mid-systolic : Mitral valve prolapse (T)
- C. Early diastolic : Mitral stenosis (F)
- D. Carley coomb's- Rheumatic mitral valvulitis (T)
- E. Machinery : Coartation of aorta (F)

13. Typical finding in mitral stenosis include :

- A. Apex beat heaving (F)
- B. Left ventricle dilatation (F)
- C. Left parasternal heave (T)
- D. Decrease pulse volume (T)
- E. Loud 1st heart sound (T)

14. The following are characteristic features of RA

- A. Chronic progressive course
- B. DIP joint involvement
- C. Normochromic normocytic anaemia
- D. Myocarditis
- E. Glomerulonephritis

15. The following are true with SLE

- A. Presentation with various forms of skin lesions
- B. Membranous glomerulonephritis is the most common histologic type
- C. Hydralazine is one of the inducing drugs
- D. All ages groups are affected
- E. Polyserositis

16. Regarding SVC syndrome,

- A. Thymoma is a cause (T)
- B. Jugular venous pressure is raised and pulsatile (F). Not pulsatile
- C. Positive Pemberton's sign confirms the diagnosis (F) Not diagnosis. Only the severity.
- D. Horner's syndrome is a sign (T)
- E. Shoulder pain radiating in the ulnar distribution of the arm is a symptom. (F) This is for Pancoast tumor

17. Regarding pleural effusion

- A. Unilateral lesion is suggestive of transudative effusion (F) Exudative is unilateral
- B. Contralateral displacement of the mediastinum is a recognized finding (F) only in massive pleural effu.
- C. Reduced chest movement of the affected area (T)
- D. Percussion is dull. (F) Is stony dull
- E. Loss of costophrenic angle in radiological feature. (T)

18. Regarding bronchiectasis

- A. result of pathological dilatation of bronchi (T)
- B. PTB is a cause (T)
- C. Clubbing is a sign (T)
- D. Haemoptysis is an uncommon presentation (F) It a common presentation.,
- E. Coarse crackles are heard. (T)

19. Regarding the examination of the newborn after birth:

- A Only child with medical problem need to be routinely examined F
- B All newborn had to be charted with OFC T
- C Respiratory rate more than 60 is normal F

- D Liver is usually palpable T
- E Grunting is normal F

20. Regarding the vaccination:

- A Neonatal jaundice is the contraindication for vaccination. F
- B Hepatitis B can be given safely to a child with mother with HIV positive after 12 hours of birth F
- C Measles vaccination can be given safely to a child who just receive intravenous immunoglobulin F
- D MMR can be given safely to patient with primary immunodeficiency F
- E If there is a patient with measles admitted to the ward, all immunocompromised patient should be given intravenous immunoglobulin. T

21. Regarding Diabetic Mellitus in children

- A Almost all are Diabetes mellitus type 1 T
- B first symptom will be oliguria F
- C Diabetes mellitus type 2 associated with autoimmune disease F
- D most patients with type 2 seek medical advice due to increase in weight T
- E All newly diagnosed Diabetes Mellitus need to be admitted to the ward F

22. The following is/are correct association:

- A Acute haemolytic with ingestion of antimalaria drug T
- B Hook worm infestation with megaloblastic anaemia F
- C Aplastic anaemia with the use of chloramphenicol T
- D Autoimmune haemolytic anaemia with mycoplasma infection F
- E Pica with vitamin B12 deficiency anaemia. F

23. Regarding Cerebral Palsy

- a) extrapyramidal exclude CP F
- b) increase obstetrics and neonatal care decrease the incidence significantly T
- c) it is a static lesion T
- d) haloperidol Treats spastic CP F
- e) CT confirms diagnosis ?

24. Which is correctly match?

- | Worm | S/s | |
|----------------------------|---------------|----------|
| a) Enterobius vermicularis | pallor | F |
| b) Duodenal ancylostoma | dysentery | Not sure |
| c) Ascaris | perianal itch | F |
| d) Strongyloids | hydrocele | Not sure |
| e) Brugia malayi | fever | T |

25. Regarding nutritional disorder in children

- a) Child age of 6 years needs 1500 Kcal ??
- b) Kwashiorkor = 60-80% expected weight and edema T
- c) Exclusive Breast feeding supply enough iron supplement for infant more than 10 months of age F
- d) Breast feeding infant need Vitamin C supplement F
- e) NG/OG tube is contraindicated in neonate F

26. endocrine disorder and its features correctly matched

- a) untreated congenital hypothyroidism - failure to thrive T
- b) Cushing's syndrome - pathological fracture T
- c) type -1 DM - anorexia F
- d) hyperthyroidism - intentional tremors F
- e) hypopituitarism - microphallus T

27) complication of preterm baby

- A) hypothermia T
- b) apnea T
- c) NEC T
- d) polycythemia T
- e) exaggerated physiological jaundice T

28. Bloody nipple discharge seen in

- A) Duct ectasia T
- B) Intra-ductal papilloma T
- C) Fibroadenoma F
- D) Paget's disease F

E) Breast carcinoma T

29. Regarding tuberculous lymphadenitis

- A) Commonly affect elderly patient F
- B) Both bovine and human type of TB bacilli are responsible T
- C) Surgery is the treatment of option F
- D) Nodes are usually discrete MATTED F
- E) Chronic sinuses may develop T

30. Regarding keloids

- A) Defined as scar tissue growth beyond its underlying incision or wound T
- B) Treated by extralesional excision F
- C) Commonly occur at earlobe T
- D) Improved after injection of silicone materials F
- E) It is painful F

31. Following can presented with hyperthyroidism

- A) Grave's disease T
- B) Toxic nodular goiter T
- C) Multinodular goiter T
- D) Thyroid carcinoma F
- E) De Quervain's thyroiditis T

32. Following is(are) indicated for radioiodine therapy

- A) toxic nodule T
- B) relapse goitre T
- C) thyroid ophthalmopathy F
- D) pregnancy with lactation F
- E) children with thyroid swelling F

33. Regarding malignancy of biliary tree

- A) Gall stone can lead to formation of carcinoma of gallbladder T
- B) Choledocal cyst is a pre-malignant condition to develop cholangiocarcinoma F
- C) Cholangiocarcinoma can cause multifocal lesion in liver T
- D) Cholangiocarcinoma rarely occur at the 'bifurcation' of left and right hepatic ducts F
- E) Cholangiocarcinoma widely metastasize

34. Regarding pre-operative assessment

- A) To reduce the morbidity and mortality of the patient T
- B) Explain the risk and discourage pt to have surgery F
- C) To take the verbal consent F
- D) Encourage patient to quit smoking
- E) Avoid cancellation of the operation

35) which of the following moves with deglutition?

- a) thyroid adenoma
- b) pretracheal lymph node
- c) thyroglossal cyst
- d) carotid body tumour
- e) cystic hygroma

36) varicocele

- a) commoner in right side
- b) associated with left renal tumour
- c) may be associated with infertility
- d) surgery is required in all cases
- e) associated with aneurysmal dilatation of testicular artery

37. True statements regarding ectopic pregnancy

- A More than 50% of it occurs at isthmus
- B increase risk of recurrence in tubal damage
- C Must manage surgically
- D HCG level and U/S finding must interpreted together
- E Small gestational sac at the uterus on TransVaginal Scan

38. Regarding uterovaginal prolapsed
- A Is increased in multiparity
 - B is best observed by using cusco speculum
 - C may present with frequency, urgency and sense of incomplete emptying
 - D May be presented with low back pain
 - E Is due to repeated LSCS
39. Regarding uterine fibroid
- A predominantly submucosal
 - B Can chance to malignant
 - C May degenerate during pregnancy
 - D may cause infertility
 - E more common in parous
40. Contarindication for copper in IUCD
- A Grandmultiparous
 - B Copper allergy
 - C Previous LSCS
 - D Previous PID
 - E .Uterus malformation
41. what is neuroendocrine syptoms of climacteric
- A Hot flush
 - B Loss of libido
 - C Irritability
 - D Night sweat
 - E Osteoporosis
42. Episiotomy :
- a. Allows widening of the birth canal
 - b. Can be midline or mediolateral in site
 - c. If midline bleeds less, is easier to repair and heals more quickly
 - d. Must be performed for shoulder dystocia and instrumental delivery
 - e. Involvement of the anal sphincter is classified as third degree
43. Instrumental vaginal delivery :
- a. The only prerequisite is full cervical dilatation
 - b. Forceps may be used if the ventouse fails
 - c. Ventouse cannot be used for preterm deliveries (< 34weeks)
 - d. Forceps are used in breech delivery
 - e. Ventouse cannot be used for rotational (occipito-transverse/posterior) deliveries
44. The following are always indications for Caesarean section:
- a. Hydrocephalus
 - b. Type 4 placenta praevia (major praevia)
 - c. Abruptio placentae
 - d. Untreated stage Ib cancer of the cervix
 - e. Active primary genital herpes
- 45) Regarding charcot joint
- a) flat foot T
 - b) painful foot F
 - c) edema of the leg T
 - d) difference of skin temperature more than 2 degree Celsius T
 - e) sclerotic bone destruction on x-ray T
- 46) Regarding the quadrangular space
- a) circumflex scapular artery F
 - b) radial nerve F
 - c) profunda brachii artery F
 - d) axillary nerve T
 - e) posterior circumflex humeral artery T
47. Radiological findings that can be found in patient with knee osteoarthritis
- a) osteophyte T
 - b) subchondral cyst T

- c) osteopenia F
- d) reduced joint space T
- e) articular cartilage erosion T

48. Features of carpal tunnel syndrome

- a) paraesthesia on the lateral 2 fingers T
- b) wasting of thenar muscle T
- c) loss of sensation at thenar eminence F
- d) Tinel sign positive T
- e) claw hand F

49. The following are typical of paediatric fracture (s):

- A Greenstick fracture T
- B Colles' fracture F
- C Smith's fracture F
- D Torus fracture T
- E Jones fracture F

50) Good outcome in schizophrenia

- a) confusion and perplexity
- b) no family history of schizophrenia
- c) history of affective disorder
- d) no family history of bipolar disorder
- e) high intelligence

51. Delusion of perception

- A) diagnostic criteria of schizophrenia.
- B) Schneider's first rank symptoms.
- C) secondary to visual hallucination.
- D) frequently occur in schizophrenia.
- E) frequently occur in bipolar.

52. Regarding suicide:

- A) asking about suicide increases the risk of suicide
- B) those who talk about suicide are not serious about it
- C) obsessional personality trait is a risk factor
- D) history of previous suicide attempt is the most important risk factor
- E) high intelligence in schizophrenia is a risk factor

53. Ptosis may present in

- A) TED F
- B) Horner's syndrome T
- C) 3rd nerve palsy T
- D) Facial nerve palsy F
- E) Chalazion of upper eyelid T

54. The following will have hearing loss & tinnitus a/w the vertigo

- a. Vestibular neuronitis F
- b. Acute labyrinthitis T
- c. Benign positional paroxysmal vertigo F
- d. Acoustic neuroma T
- e. Meniere's disease T

55. which one is NOT an investigation in forensic anthropology

- a. Pneumonitis T
- b. Thyrotoxicosis F
- c. Paget's disease F
- d. Osteoarthritis F
- e. Scurvy T

56. Regarding facial nerve paralysis

- a. Absence of tearing [Xerophthalmia] is a bad prognosis sign T
- b. If it is d/t Bell's palsy the lesion is never total T
- c. Association with deafness always indicates an acoustic neuroma T
- d. Association with a parotid swelling suggests a Warthin's tumor F
- e. Ptosis is not seen in LMN lesions because of bilateral facial nerve innervations of levator palpebrae superioris F

57. Possible causes of Homonymous hemianopia

- A. Optic nerve F
- B. Optic chiasm F
- C. Parietal lobe F
- D. Temporal lobe F
- E. Occipital lobe T

58. A sex of skeleton can be determined more than 70% certainty by studying the:

- A- Skull T
- B- Long bone T
- C- Sternum F
- D- Pelvis T
- E- Ventral surface of the symphysis pubis F

59. The causes of acute polyarthritis are

- A. Viral infection
- B. Chronic meningococcaemia
- C. Acute leukaemia
- D. Rheumatoid arthritis
- E. Serum sickness

60) regarding carbuncle

- a) associated with DM
- b) is the cellulitis of skin
- c) commonly found at the back
- d) always require surgical intervention
- e) has multiple discharging sinuses

SET 7

1. Contact dermatitis

- a. Irritant contact dermatitis is a type IV hypersensitivity condition
- b. Most contact dermatitis are caused by allergic conditions
- c. Nickel allergy is difficult to treat because of its ubiquitous nature
- d. Cement allergy is caused by dichromates
- e. Topical steroids may cause allergic contact dermatitis

2. Pityriasis rosea

- a. May occur as an epidemic in children
- b. Herald patch is seen in 90% of patients
- c. Is associated with a scaly erythematous patch on the trunk
- d. Has an enanthem
- e. Runs a chronic relapsing and remitting course

3. Pituitary

- T A Pituitary tumours can be non-functioning
- T B Usually pituitary tumours are benign neoplasms
- F C ACTH-secreting tumour is the most common pituitary tumour.
- F D Amenorrhoea, galactorrhoea, and sexual dysfunction are features of pituitary hypofunction
- F E TSH-secreting tumour is a common cause of thyrotoxicosis

4. Compressive features of pituitary tumors include:

- T A Headache – pressure on the diaphragma sellae
- T B Optic chiasma compression- superior bitemporal quadrantanopia, hemianopia
- T C Lateral – cavernous sinus – ophthalmoplegia – diplopia, ptosis
- T D Hypopituitarism – GH – LH and FSH – TSH - ACTH
- T E Acromegaly can coexist with hypopituitarism.

5. Adrenal cortex

- T A The synthesis of steroid hormones begin with cholesterol
- T B Plasma cortisol has marked circadian rhythm
- T C Secretion of ACTH is controlled by CRH and vasopressin
- T D Aldosterone secretion is mainly controlled by the pituitary
- T E Angiotensin II is a potent vasopressor

6. Match the diseases with the diagnosis test

- A. SLE : RA factor
- B. CREST syndrome : Anticentromere antibody
- C. Systemic sclerosis : Anti-Scl antibody
- D. Rheumatoid arthritis : C-ANCA antibody
- E. Pseudogout : Na monohydrate monourate crystals

7. The following are true

- A. Gout runs in family
- B. All cases of hypercalcaemia are in need of treatment
- C. Systemic sclerosis is characterized by both pulmonary and systemic hypertension
- D. Telangiectasia is one of the characteristics skin manifestation of scleroderma
- E. Aortic regurgitation is one of the CVS features of Marfan's syndrome

8. regarding puberty and pubertal growth in children

- a) adrenarache after 3years old
- b) LH pulsation secretion during sleeping
- c) insulin growth factor contributes to puberty
- d) turner lead to precocious puberty
- e) better nutrition and health delay puberty

9. Character of ischaemic heart disease?

- A. Stabbing (F)
- B. Constricting (T)
- C. Catching (F)
- D. Heaviness (T)
- E. Prickling (F)

10. Features of LV failure:

- A. Pedal oedema (F)
- B. Left parasternal heave (F)
- C. Raised JVP (F)
- D. Inspiratory crackles (T)
- E. Paroxysmal Nocturnal Dyspnoea (T)

11. Features of RV failure include:

- A. Pulseless, distended JVP (F)
- B. Dependent oedema (T)
- C. Hepatic bruit (F)
- D. Ascites (T)
- E. Pulmonary oedema (F)

12. regarding coma

- a) structural ?? in the brain causing unilateral pupil dilatation
- b) LP should be routinely done to identify the causes F
- c) metabolic causes seldom had focal neurological deficit T
- d) IV glucose – is important immediate step of Mx T
- e) MRI is the most useful to identify the causes T

13. in non-accidental injury

- a) there is delay seeking medical attention T
- b) care taker's Hx not corresponds to findings of PE T
- c) if a >3 y/o children says he is hurts by somebody, he is nearly always false F
- d) minor injury need not to be identify F
- e) investigation of skeletal is mandatory T

14) 2 day old baby girl, born in SGH, pass reddish black stool, vomit red brownish vomituous

- A) acute gastritis, given ranitidine F
- b) give Vit K, newborn hemorrhagic disease T
- c) admit and monitor in the nursery T
- d) Apt test, to detect swallowed maternal blood T
- e) need blood transfusion F

15) daud, 2 days old boy x pass meconium since birth likely

- a) hirschsprung T
- b) anorectal malformation T
- c) insufficient feeding F
- d) asphyxia F
- e) meconium ileus T

16. Live vaccine immunization

- a. Pertussive F
- b. Measles T
- c. BCG T
- d. Diphtheria F
- e. OPV T

17. Causes of unconjugated hyperbilirubinaemia

- a. ABO incompatibility
- b. Biliary atresia
- c. Crigler-Najjar Syndrome
- d. Physiological jaundice
- e. Hypothyroidism

18. Surfactant production is stimulated by

- a. Prolonged rupture of membrane
- b. Hypothermia
- c. Acidosis
- d. Corticosteroid
- e. Diabetic mother

19 Regarding Boerhaave Syndrome :

- A An acquired disorder T
- B Associated with oesophageal perforation T
- C Treatment require oesophagectomy F

- D Not a pre malignant condition T
- E Can lead to mediastinitis and sepsis T

20. Gall stones are commonly found in

- A. Men F
- B. Women T
- C. Children F
- D. Thin F
- E. Multiparous T

21 Regarding Disinfectants

- A It can kill mycobacterium and spores F
- B The process is boiling the water at 2 atmosphere for 5 minutes F
- C It Can be done by moist heat T
- D Methylated alcohol is classified as a mild disinfectant. T
- E 2% glucaradehyde is use for chemical disinfection of endoscopes. T

22. Achalasia cardia

- A. It is characterized by decreased peristalsis in the oesophagus F
- B. Dysphagia is more for liquid than solid T
- C. Is one of the malignant conditions of carcinoma of oesophagus T
- D. It shows moth eaten appearance in barium swallow x ray F
- E. It is best diagnosed by oesophageal monometry T

23) regarding gas gangrene

- a) trimus
- b) risus sardonicus
- c) has characteristic putrid smell
- d) crepitus
- e) caused by gram positive bacteria

24) About keloid

- a) it is associated with hyperpigmented skin
- b) familial
- c) flexure surfaces
- d) is confined within the scar margin
- e) will disappear over time

25) regarding colorectal Ca

- a) right sided commonly present with obstruction
- b) left sided associated with HNPCC
- c) FAP commonly presents before age of 40
- d) 30% of them at time of presentation will have liver metastasise
- e) left sided commonly presents with anaemia

26) intussusception

- a) sign de dance
- b) pale stool
- c) colicky abdominal pain
- d) inflammation at the payer's patches is the leading point
- e) associated with forceful and projectile vomiting

27) regarding groin examination

- a) patient can be examined in supine position throughout
- b) indirect inguinal hernia can be controlled with pressure over the deep inguinal ring
- c) femoral hernia is above the inguinal hernia
- d) direct inguinal hernia can be reduced easily
- e) need surgical treatment, Uncomplicated hernia has expansile cough impulse

28) regarding increased ICP

- a) tachycardia
- b) hypotension
- c) apnoea
- d) transtentorial herniation
- e) foraminal herniation

29) acute cholecystitis

- a) murphy's sign positive indicates is caused by stone
- b) normal WCC
- c) may present with charcot's triad
- d) always caused by stone
- e) serum amylase increase

30) portal hypertension

- a) caused by hepatic vein thrombosis
- b) hypersplenism
- c) associated with hyperalbuminaemia
- d) exudative ascites
- e) can present with esophageal varices and can be treated surgically by shunts

31) regarding pre-operative assessment

- a) reduce mortality and morbidity rate
- b) prevent cancellation on operative day
- c) encourage patients to stop smoking
- d) for anaesthetics review and discourage patient from surgery
- e) verbal consent

32) regarding difficult intubation

- a) Mallampati IV
- b) short neck
- c) deviated nasal septum
- d) C6 fracture
- e) thyromental distance more than 6 cm

33) Microscopic features of malignancy

- A. Atypia
- B. Increase nuclear/cytoplasmic ratio
- C. Invasion
- D. Necrosis
- E. Pleomorphism

34. Puan Sofiah, a 22-year-old nulliparous, presented with threatened miscarriage at 12 weeks gestation. The following statement(s) is/are correct.

- A. Pain is characteristic.
- B. The internal os is often open.
- C. Inappropriate uterine size for period of amenorrhoea.
- D. Vaginal bleeding is characteristic.
- E. Absence of fetal movements suggests non-viability.

35. Management of diabetes during labour:

- A. The blood sugar level should be kept between 7 and 11 mmol/litre.
- B. Insulin should be given at a rate 1-2 units per hour intramuscularly.
- C. 1 litre of Hartmann's solution should be given every 8 hours.
- D. Maternal hypoglycaemia is a likely to cause fetal distress.
- E. Caesarean section is indicated if the labour lasts for more than 12 hours.

36. Postpartum haemorrhage is associated with

- A. uterine atony.
- B. amniotic fluid embolism.
- C. full bladder.
- D. multiple pregnancy.
- E. prolonged labour.

37. A 23-year-old primigravida is found at 36 weeks to have a blood pressure of 140/95 mmHg and proteinuria of 5 gram/24 hours. The following statement(s) is/are true.

- A. Delivery should be avoided until 38 weeks.
- B. She should be commenced on anti-hypertensive.
- C. There may be thrombocytopenia.
- D. Caesarean section is indicated.
- E. She should be managed with magnesium sulphate.

38. Eclampsia:

- A. Usually occurs in the antenatal period.
- B. Is a preventable condition.
- C. Rarely occurs in pre-eclampsia.
- D. The first action should be to control the blood pressure
- E. Renal cortical necrosis has a better prognosis than renal tubular necrosis.

39. Regarding ectopic pregnancy:

- A. All patients give some history of amenorrhoea and irregular vaginal bleeding.
- B. Pelvic inflammatory disease is the most important aetiological factor.
- C. An ectopic pregnancy can be excluded with negative urine pregnancy test.
- D. Per vaginal bleeding is normally the first symptom.
- E. The incidence of second ectopic is 10-15%.

40. Hydatidiform mole

- A. may co-exist with a viable foetus.
- B. produces luteinizing hormone.
- C. is associated with theca-lutein ovarian cysts.
- D. arises from the amnion. Placental trophoblast
- E. commonly presents with vaginal bleeding.

41. Accurate staging for cervical cancers requires that each of the following should be performed:

- A. Laparotomy and assessment of pelvic lymph nodes.
- B. An intravenous urogram (IVU).
- C. Examination under anaesthesia including a rectovaginal examination.
- D. Cystoscopy.
- E. A chest X-ray.

42 The following is/ are implant(s) that suitable to fix a femur fracture in a 10 years old child:

- A Interlocking nail
- B Plate and screws T
- C Flexible nails T
- D Reconstruction nail
- E Dynamic hip screw

43 The followings is/ are high risk to develop avascular necrosis:

- A Displaced talus T
- B Displaced scaphoid T
- C Displaced transverse patella T
- D Displaced distal radius T
- E Displaced distal humerus T

44 Regarding the supracondylar fracture of humerus in a 8 years old girl:

- A Gartland type III is managed with screw and plate. F
- B Gartland type II is managed with fixation with K-wire F
- C Gartland type I is by non-operative method. T
- D Splint the elbow more than 90 degree if possible is part of the management F
- E The affected site should be immobilized for more than 6 weeks. F

45 In acute osteomyelitis:

- A The commonest site of infection is the pelvic bone. F
- B Cepharosporin is the choice of treatment for the child less than 4 years old. T
- C The antibiotic treatment should be at least 6 weeks T
- D Splint the infected site is part of the management T
- E Tender on palpation of underlying skin is a sign of periosteal abscess. F

46. Prolapsed interveterbrate disc

- A The commonest site is T12 and L1 level F
- B It commonly occurs in middle age male. T
- C It causes limitation of the leg raising test T
- D CT scan features are diagnostic F
- E Most of these are treated conservatively. T

47. Regarding Gastro Esophageal Reflux Diseases

- A It occur as a result of an increased number of transient lower esophageal sphincteric relaxation T
- B It is commonly associated with Helicobacter Pylori Infection F
- C Diagnosis can be confirmed by oesophago-gastroduodenoscopy F

- D 24 hours PH recording is mandatory T
- E Proton Pump inhibitor are mainstay of treatment F

48. The following are reliable in differentiating organic and functional illness

- A) dysphasia
- B) memory loss
- C) disorientation
- D) vivid visual hallucination
- E) impaired serial 7 test

49. alcohol dependence syndrome

- a) withdrawal state
- b) altered tolerance
- c) marital disharmony
- d) daily drinking
- e) alcoholic hepatitis

50) A 35 yo woman was investigated for fatigue, Her FBC: Hb- 9.0g/dl, MCV- 26fl, MCH-69pg, WBC-9.8 x 10⁹/L, platelet- 296x10⁹/L, reticulocyte counts- 0.2%, most likely diagnosis is

- A. Vit B12 deficiency F
- B. Iron deficiency T
- C. warm AIHA F
- D. chronic alcoholism F
- E. Beta-thalassemia trait T

51) Drug that decrease Intra ocular pressure are

- A) Latanoprost T
- B) B blocker T
- C) Acetazolamide T
- D) Pilocarpine T
- E) A agonist F

52) Exotropia is caused by

- A) 3rd CN palsy T
- B) 4th CN palsy
- C) 6th CN palsy F
- D) LOV T
- E) Myasthenia Gravis T

53) 1. In the assessment of children with stridor

- a. Avoid distressing the child as this may cause increased oxygen consumption T
- b. Children have small airway & high oxygen demands so the effects of stridor may be dramatic T
- c. Insertion of spatula into the mouth may precipitate acute airway obstruction esp in acute epiglottitis T
- d. If in doubt it is best to refer the child to hospital as soon as possible T
- e. Two way stridor is usually d/t an obstruction at or above the vocal cords F

54. Unilateral nasal obstruction can be due to

- a. Hypertrophy of posterior end of inferior turbinate T
- b. Antro-choanal polyp T
- c. Marked septal deviation T
- d. Septal perforation F
- e. Osteoma nose T

55. Death due to drowning

- A- Due to asphyxia T
- B- With mild bleeding from ear F
- C- Collapse of vein F
- D- Lung collapse F
- E- Fluid in gastric T

56. Gettler chloride test:

- Test for drowning T
- Blood was analyzed from the right and left sides of the heart. T
- Chloride level Rt < Lt Saltwater drowning T
- Chloride level Lt > Rt Freshwater drowning F

57. Addison's disease

- T A Autoimmune destruction of the adrenal gland – Addison's disease – most common cause in developed countries
- T B Primary glucocorticoid deficiency and mineralocorticoid deficiency
- T C Untreated may be fatal
- T D Adrenal medulla function is usually spared.
- T E Antiadrenal antibodies present in 70% cases

58. Primary adrenal insufficiency

- T A Isolated glucocorticoid or mineralocorticoid deficiency may also occur
- T B About 20% cases are due to tuberculosis of the adrenal glands
- T C Calcification of the adrenal glands can be seen in 50% of TB cases
- T D May be part of autoimmune polyglandular syndromes, type-1 (+hypoparathyroidism, mucocutaneous candidiasis) and type-2 (Schmidt's syndrome) (+ Graves' or Hashimoto's thyroiditis, type-1 DM)
- T E Metastasis, haemorrhage, CMV and fungal infections, sarcoidosis, amyloidosis, haemochromatosis, injury, surgical removal, CAH

59. Types of arterial pulse:

- A. slow rising- Aortic stenosis (T)
- B. Collapsing pulse-VSD (F)
- C. Pulsus paradoxus-Cardiac tamponade (T)
- D. Irregularly irregular-frequent ventricular beats (T)
- E. Bounding pulse-large stroke volume (T)

60. Regarding jugular venous pressure (JVP)

- A. Lateral to SCM (F)
- B. Represent left atrial pressure (F)
- C. Tricuspid regurgitation will causes thrill in neck veins (F)
- D. Increase with abdominal pressure (T)
- E. Decrease with inspiration in constrictive pericarditis. (F)

SET 8

1. Dermatomyositis
 - a. Is an autoimmune disease
 - b. Affects only skin and muscle in the human body
 - c. Classical lesions on the eyelids are the Gottrons papules
 - d. May be associated with underlying malignancy
 - e. Anti Jo1 is an antibody seen in this condition

2. Cutaneous lupus erythematosus
 - a. May be the only manifestations of lupus
 - b. DLE is a scarring skin condition
 - c. Skin biopsy is diagnostic with immunofluorescence
 - d. Characteristically associated with positive anti double stranded DNA
 - e. May predispose to malignancies

3. Drug induced lupus
 - a. Is a very severe form of lupus caused by drugs
 - b. Classically caused by hydralazine and procainamide
 - c. Phenytoin is a cause
 - d. Chlorpromazine is a cause
 - e. Isoniazid is a cause

4. Dermatophyte infections
 - a. Caused by Trichophyton, Epidermophyton and Microsporum
 - b. Tinea capitis mainly caused by Trichophyton
 - c. Kerion is a bacterial infection complicating fungal infections of the scalp
 - d. Organisms are cultured on modified Thayer Martin media
 - e. Anthropophilic infections are acquired from the soil

5. The following are caused by Staphylococcus on the skin
 - a. Scalded skin syndrome
 - b. Impetigo
 - c. Acne vulgaris
 - d. Erythrasma
 - e. Furuncles

6. Herpes simplex 1 infections
 - a. causes orofacial lesions
 - b. may cause genital herpes
 - c. primary lesion is ulcer
 - d. can be confirmed by Tzanck smear
 - e. has a relapsing and remitting course

7. Prolactinomas
 - T A Microprolactinomas commoner in women, macro in men
 - T B Oestrogen deficiency – osteopenia, hot flashes, irritability
 - T C Anovulation, menstrual irregularities, infertility
 - T D Testosterone suppressed in men – libido, impotence
 - T E Galactorrhoea, may not be clinically obvious

8. Prolactinoma management
 - T A Dopamine agonists – bromocriptine, cabergoline restores gonadal function
 - T B Can cause tumour shrinkage in macroadenoma
 - T C Transphenoidal surgery in case of neurological complications
 - F D Is a harmless condition.
 - F E Is monitored by blood levels of dopamine

9. The adrenal medulla
 - T A Is functionally related to the sympathetic system
 - T B Secretes catecholamines: adrenaline and noradrenaline
 - T C a person can survive without adrenal medulla
 - T D Phaeochromocytoma can be bilateral
 - F E Catecholamine release is constant and steady

10. Aldosterone

- T A Is secreted by zona glomerulosa
- T B Angiotensin II stimulates its production
- T C P. potassium concentration, plasma volume and ACTH also influence its secretion.
- T D Renin is suppressed in primary aldosteronism
- F E Renin is secreted by the distal tubules

11. Adrenal androgens

- T A Precursors are DHEA, its sulfate, and androstenedione
- T B Synthesized in the zona reticularis influenced by ACTH and other factors
- T C They have minimal androgenic activity
- T D They are peripherally converted to testosterone and dihydrotestosterone
- T E In men excess adrenal androgens have no clinical consequence.

12. Following types of apex beat are correctly matched with their causes:

- A. Heaving : pressure overload (T)
- B. Hyperdynamic: Mitral regurgitation (T)
- C. Tapping: Pericardial effusion (F)
- D. Impalpable: Emphysema (T)
- E. Dyskinetic: MI (T)

13. Major coronary risk factors:

- A. Low HDL level (T)
- B. History of father having heart attack at the age of 50 years old. (T)
- C. Diabetes mellitus (T)
- D. Lack of exercise (F)
- E. History of hypertension in 2 siblings. (F)

14. In angina pectoris, the pain radiate to

- A. tip of left shoulder (F)
- B. epigastrium (T)
- C. Mandible (T)
- D. Between scapulae (F)
- E. Occipital region (F)

15. Regarding acute coronary syndrome:

- A. the chest pain is promptly relieved with sublingual GTN (F)
- B. All cases are given antiplatelet agents (T)
- C. Thrombolytics are indicated in unstable angina (F)
- D. These patients are admitted to general medical wards (F)
- E. Non-ST elevation MI is one of the outcomes. (T)

16. The type of heart failure and their causes are correctly matched:

- A. Diastolic heart failure : Hypertension (T)
- B. Acute LV failure: papillary muscle rupture (T)
- C. High output failure: Thyrotoxicosis (T)
- D. RV failure: Chronic obstructive lung disease (T)
- E. Chronic heart failure: Dilated cardiomyopathy (T)

17. Regarding seizure in childhood..

- A the most common seizure for children is epilepsy F
- B tonic seizure is characterized by decreased muscular tone or rigidity F
- C Lumbar Puncture is should not be done for children age younger than 12 month F
- D Electroencephalogram is not warranted after a simple febrile seizure T
- E presence of aura suggestive of focal onset of seizure T

18. Regarding the acute gastroenteritis:

- A Complication usually due to delay in diagnosis and treatment in the institution of therapy that are available. T
- B Breastfed babies can be continued during acute rehydration T
- C In previously healthy babies with uncomplicated watery diarrhea, no laboratory investigation is needed. F
- D Drink poorly is a feature of moderate dehydration F
- E Fruits and juices is suitable as rehydration and maintenance therapy. F

19) A 26-year-old woman with (3-week history) of painless bilateral upper cervical lymphadenopathy. The likely differential diagnosis include:

- A. Acute tonsillitis F

- B. Lymphoma T
 C. Tuberculosis lymphadenitis T
 D. HIV T
 E. Metastatic tumour from the stomach F
20. Regarding Gastro Esophageal Reflux Diseases
 A It occur as a result of an increased number of transient lower esophageal sphincteric relaxation T
 B It is commonly associated with Helicobacter Pylori Infection F
 C Diagnosis can be confirmed by oesophago-gastroduodenoscopy F
 D 24 hours PH recording is mandatory T
 E Proton Pump inhibitor are mainstay of treatment F
- 21 In the patient with gastric outlet obstruction:
 A The vomiting of gastric contents results in hypochloreaemic alkalosis. T
 B Vomitus usually contains bile. F
 C The patient is hyponatremic and dehydrated. T
 D Urine become paradoxically acid T
 E Physical examination usually reveal no positive findings F
- 22 Regarding cancer of oesophagus
 A Adenocarcinoma accounts for 90% F
 B Early esophageal cancer is defined as carcinoma involving distal 1/3 of the esophagus F
 C Aetiology is multifactorial T
 D Barium meal imaging is the gold standard for diagnosis F
 E Most patients presented at advanced stage of the disease T
23. Regarding peptic ulceration
 A. Gastric ulcer is more common than duodenal ulcer F
 B. It can occur in the jejunum in the case of Zollinger ellison syndromes T
 C. Usually multiple F
 D. More common in smoker T
 E. H. pylori infection is main causes T
24. Regarding gastric cancer
 A. It is associated with H. pylori infection T
 B. Early gastric cancer means limited to muscosa with lymph node involvement F
 C. There is increased incidence in the proximal stomach F
 D. Pernicious anaemia is a risk factor T
 E. Surgery is the mainstay of treatment regardless of stage T
25. Gall stones are commonly found in
 A. Men F
 B. Women T
 C. Children F
 D. Thin F
 E. Multiparous T
26. Sign and symptoms of carcinoma head of pancreas are
 A. Jaundice T
 B. Changes in bowel habit F
 C. Palpable Gall Bladder T
 D. Itchiness T
 E. Low back pain F
- 27- Trimodal death pattern in trauma
 T a- immediate death represents 50% of all deaths
 T b- early deaths represent 30% within few hours
 T c-late deaths is due to sepsis or multi-organ failure
 T d- use of aircrafts can improve the figure
 F e- BTLS, and ATLS has no effect on the figures
- 28- Pulmonary capillary wedge pressure
 T a- measures circulating blood and left ventricular function
 F b- is measured by a catheter introduced into the lung
 T c- normal value is 8-12 mmHg
 T d- uses Swan Ganz catheter

T e- X-ray is used to detect site of the catheter

29- Raynaud's disease

- T a- primary one has a genetic predisposition
- F b- it occurs in young males more than females
- T c- treated by calcium antagonists or sympathectomy
- T d- it is an abnormal response to cold
- F e- it occurs in three stages end by dusky cyanosed fingers.

30- Femoral sheath

- F a- femoral nerve lies inside and laterally
- F b- the femoral artery is medial to the femoral vein
- T c- the femoral canal is the most medial
- F d- is formed by fascia transversalis and peritoneum
- F e- the femoral canal forms a passage to an obturator hernia

31- Opening to the femoral canal

- T a- crescentic edge of lacunar ligament forms the medial boundary
- F b- inguinal ligament lies posterior
- T c- femoral vein lies lateral
- T d- forms the neck of femoral hernia
- T e- it is more wider in female than male

32- Critical limb ischemia

- F a- usually is arterial only
- T b- loss of pulses, sensations and function
- T c- limb becomes cold with changed colour
- T d- urgent duplex scan is mandatory
- T e- limb can be saved in some cases

33- Streptococcal faecalis organisms

- T a- is one group of streptococci Lancefield group D
- T b- is a commensal in the bowel
- F c- is sensitive to penicillin
- T d- may complicate wounds after bowel surgery
- e- sometimes is called enterococci

34- Thyrotoxic crisis

- T a- is due to lack of preoperative preparation of the patient
- F b- can occur in euthyroid goiter
- T c- can occur during thyroidectomy
- T d- treatment is symptomatic and use of antithyroid drugs
- F e- more common in secondary rather than primary thyrotoxicosis

35- Streptococcal faecalis organisms

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- T d- may complicates wounds after bowel surgery
- T e- sometimes is called enterococci

36- Complications of trans-urethral prostatectomy

- T a- DVT and pulmonary embolism
- T b- water intoxications
- F c- urethral stricture
- F d- permanent incontinence if resection is below verumontanum
- T e- Retrograde ejaculation and impotence

37 – In a 70% flame burn patient weighing 70 Kgm in emergency room

- F a- narcotic is given as 70 mg Pethidine deep intramuscular
- T b- CV line is placed, blood sampling, and fluid infusion
- T c- the 24 hours fluids should be given is 14 liters
- F d- escharotomy means excision of the burn eschars
- T e- histamine is involved in pathophysiology of burns

38. Uterine fibroids

- A. are primarily composed of fibrous tissue.
- B. characteristically present with intermenstrual bleeding.
- C. are associated with endometriosis.
- D. have a capsule. pseudocapsule
- E. should be removed at Caesarean section if larger than 4 cm diameter.

39. Stage 1 carcinoma of the cervix:

- A. Is confined to the cervix.
- B. Is adequately treated with cone biopsy if the invasion is less than 3 mm.
- C. Includes the involvement of the paracervical tissues.
- D. Is associated with hydro-ureter on intravenous pyelogram.
- E. Is usually treated with intracavitary radiation and external radiotherapy.

40. Regarding uterine fibroids

- A. Intermenstrual bleeding is the commonest form of menstrual disorders in women with uterine fibroids.
- B. It contains a capsule.
- C. It is associated with obstructed labour.
- D. Pedunculated fibroid causes menorrhagia.
- E. Sarcomatous change is a common degenerative change.

41. regarding tuberculosis:

- a. leading cause of mortality among HIV infected person T
- b. effectively prevented in adult with BCG vaccination F
- c. multidrug resistant infection effectively treated with new drugs F
- d. Extrapulmonary infection is transmitted by aerosol F
- e. meningitis presented with subacute T

42. Regarding placental abruption:

- A. Is defined as the premature separation of an abnormally sited placenta.
- B. The bleeding is typically bright red and clotting. Dark red lo.... Escape of blood from retroplacental clot.
- C. Blood loss is invariably of maternal origin.
- D. Tends to recur in subsequent pregnancies.
- E. Is associated with disseminated intravascular coagulopathy.

43. The following are complications of fibroids in pregnancy:

- A. Malpresentation.
- B. Placenta accreta.
- C. Placenta praevia.
- D. Red degeneration.
- E. Obstructed labour.

44. A Wertheim's hysterectomy includes:

- A. A pelvic lymphadenectomy.
- B. Removal of the upper third of the vagina.
- C. Inguinal lymphadenectomy.
- D. Construction of an ileal conduit.
- E. Radiotherapy.

45. Regarding pre-eclampsia:

- A. Chronic hypertension and pre-eclampsia cannot co-exist.
- B. Severe pre-eclampsia is characterized by raised blood pressure in association with proteinuria of at least 1 g per 24 hours.
- C. Smoking is a risk factor for pre-eclampsia.
- D. In women with severe pre-eclampsia fibrinogen degradation products (FDP) are normal.
- E. Is associated with placental abruption.

46) Common metastasis through lymph

- a) basal cell carcinoma F
- b) pleomorphic sarcoma F
- c) lipoma F
- d) epithelioid sarcoma T
- e) osteosarcoma F

47 Hand infection

- A. Pulp infection is need surgical intervention F F
- B. Pain is at the affected area T

- C Paronychia is infection of nail fold T T
D Elevation of hand is part of the management T T
E It causes limitation of wrist extension. T
- 48 Regarding gouty arthritis:
A Punched out lesion at periarticular region can be seen in X-ray. F F
B Allopurinol is used in an acute attack. F F
C Alcohol intake is associated with this manifestation T T
D Hyperuricaemia is one of the diagnostic sign T T
E Negative brifringement test is a diagnostic test. T T
- 49 Regarding dislocation of hip, the following statement (s) is/are true:
A Anterior dislocation is more common than posterior dislocation F F
B Post-reduction had a risk of getting avascular necrosis T T
C Most common cause is road transportation accident T T
D Unstable dislocation required open reduction T T
E Traumatic cause is more common in children than adults F F
- 50 Regarding isolated ACL injury:
A Lachmann test may be positive T T
B McMurray test may be positive F F
C Posterior sagging is one of the physical finding F F
D Strengthening of hamstring may worsen the condition T
E Anthroscopic reconstruction is a form of treatment T T
- 51 Regarding the mature fetus:
A It will pass meconium at term
B The lung will be matured
C The ducturs arteriosis will be closed as soon as he is delivered
D He has well developed glucoronate transferase system
E The haemoglobinn level should be range about 16.0 to 20.0 g/dL
52. Regarding iron deficiency anaemia (IDA)
A. Giving breastmilk for 1 year can prevent IDA F
B. For term infants, the onset of IDA is at 24 months of age F
C. Palmar pallor is not a reliable sign of anaemia T
D. RDW is high in IDA T
E. Iron medication should be continued for 8 weeks after blood values have become normal T
- 53 Regarding the benign bone tumour
A Giant cell tumour is commonly occur at the knee T T
B ?? cyst commonly occur after the puberty. F F
C Osteochrodoma is the best commonest tumour F F
D For a single bone Cyst, if it ruptured, it will cause non-union. F
E Aneurysm bone cyst shows bloody content if it ruptured T
54. Complication of massive BT
A. Thrombocytopenia
B. Acute pulmonary edema
C. Hypokalemia
D. Hypothermia
E. Hypocalcemia
55. Angle closure glaucoma
Enter dark room T
Phenylepinephrine T
Atropine T
Dehydration T
salbutamol
56. Dilated pupil
Horner's syndrome F
3rd CN palsy T
Adie's pupil T
Trauma T
Optic atrophy F

57)HFMD..

- A. presence of macropapular rash T
- B. caused by coxsackie virus A16 T
- C. fatal in immunocomp. patient. F (BUT DR.ASRI SAID SHOULD BE TRUE)
- D. commonly affect children T
- E. prevented with vaccination F

58.The following are true:

- a.The shaken baby syndrome is character. By subdural haemorrhage T
- b.in post mortem sloughing of skin is seen after 2-3 months F
- c.in post mortem intestine decomposes faster than uterus T
- d.slash wound are deeper than its length F
- e.bruises are caused by contact with blunt object T

59.Regarding respiratory papillomatosis

- a. Juvenile onset respiratory papillomatosis has a more severe clinical course than that of adult onset T
- b. Commonly affected site in the larynx are the glottis & anterior commissure T
- c. Pulmonary papillomatosis is rare but carries a high morbidity & mortality T
- d. Malignant transformation can occur in children F
- e. It is a pre-malignant condition in an adult single population T

60.Complications of acute sinusitis are

- a. Peri-orbital cellulitis T
- b. Osteomyelitis T
- c. Meningitis T
- d. Facial palsy F
- e. Mucocoele formation T

SET 9

1) The following are skin manifestations of HIV/AIDS

- a. Kaposi's sarcoma
- b. Pneumocystis carinii dermatitis
- c. Seborrheic dermatitis
- d. Burkitt's lymphoma
- e. Adult onset atopic eczema

2) Acne vulgaris

- a. Commonly affects teenagers and adolescents
- b. Associated with severe psychological distress
- c. Nodulocystic acne and Acne conglobata are best treated with antibiotics and incision and drainage
- d. Isotretinoin is useful in the treatment of acne
- e. Topical treatments may be associated with allergic or irritant reactions

3) Cutaneous manifestations of internal malignancies include

- a. Erythema marginatum
- b. Erythema gyratum repens
- c. Ichthyosis
- d. Dermatomyositis
- e. Systemic lupus erythematosus

4) Topical Corticosteroids

- a. Are classified by potency- McKenzie's index
- b. Mainstay of treatment in eczema
- c. Prototype is betamethasone
- d. Halogenated steroids are associated with high potency
- e. Ointments are mainstay in oozing [acute] eczema

5) Erythroderma

- a. Skin condition that affects 80-90% body surface area
- b. Maybe seen with psoriasis
- c. Associated with fluid loss and dehydration
- d. Causes low output cardiac failure
- e. May cause hypothermia

6. Adrenal insufficiency manifestations include:

- T A Fatigue, loss of weight, postural dizziness
- T B Anorexia, vomiting, abdominal pain, salt craving, diarrhoea
- T C Increased pigmentation: extensor surfaces, oral mucosa, pressure areas, palmar creases, buttocks, bra lines, belt area, new scars
- T D Hyponatraemia, hyperkalaemia, hypercalcaemia, hypoglycaemia
- T E Anaemia, lymphocytosis, eosinophilia

7. Acute adrenal insufficiency

- T A A medical emergency, causes
- T B Draw blood for plasma cortisol, ACTH, aldosterone and renin
- T C P cortisol >34 ug rules out; <20 confirms, in between – partial insufficiency
- T D IV hydrocortisone 100 mg, IV normal saline infusion
- T E 1-hour cosyntropin (ACTH) test 0.25 mg IV. P cortisol at 0,30,60 - >20 normal

8. Secondary adrenal insufficiency

- T A Lesions in the HPA axis (normal P. ACTH 5-30 pg/mL)
- T B Glucocorticoid therapy leading to prolonged suppression of HPA axis
- F C Hyperpigmentation is a characteristic feature
- T D Salt craving is absent
- T E Hyperkalaemia, metabolic acidosis do not occur, hyponatraemia possible (increased ADH)

The 1-hour cosyntropin test is suppressed in both primary and secondary.

Complete recovery of HPA axis suppression may take 1 year.

9. Treatment of adrenal insufficiency

- T A Life-long replacement of glucocorticoids and mineralocorticoids
 - T B Overtreatment with glucocorticoids result in osteoporosis, wt gain
 - T C Minimum dose to keep symptom free 15-20 OM and 5 mg 4 pm enough
- Patient complaints of joint pains, myalgia if insufficiently treated.

- T D Fludrocortisone 100 ug/d (keep standing-plasma rennin activity (1-3 ng/mL)
T E During stress increase the dose of hydrocortisone up to 12 times.

10.Regarding PR interval in ECG:

- A.represent delayed in impulse conduction through AV node (T)
B.Normal range is 0.2-0.3 seconds (F)
C.It is shortened by an accessory pathway between atrial & ventricle (T)
D.It is prolonged in Mobitz type 2 heart block (F)
E.It is irrelevant in lower heart block. (T)

11.Regarding ECGs in general:

- A.all the lead normally show all the waves PQRS and T (F)
B.There is 90° angle between ST segment and T wave (F)
C.T wave normally peaked (Tent-shaped) (F)
D.QRS complex is essentially normal in a supraventricular tachycardia (T)
E.QT duration increase as HR increase (T)

12. Regarding ECG:

- A.P wave normally inverted in lead I (F)
B.lead aVR represented a view from right shoulder (T)
C.Depolarization moving toward the recording write a positive deflect (T)
D.A typical HR in atrial flutter is 90/min (F)
E.The delta wave is a feature of WPW syndrome (T)

13.Ventricular ectopic beat:

- A.is a premature beat (T)
B.Has broad QRS complex (T)
C.Has T wave in the same direction with QRS complex (F)
D.Followed by longer pause than the usual R-R interval. (T)
E.Preceded by P wave (F)

14) Radiological sign of child abuse include

- a) metaphyseal corner fracture T
b) type IV salter-harris fracture T
c) supracondylar fracture of humerus ?
d) long bone fracture in infants T
e) rib fractures T

15) The factors that influence the initiation of anti-tetanus prophylaxis with Tetanus Toxoid include

- a) depth of the wound T
b) duration of the injury F
c) immunisation status T
d) extent of wound contamination T
e) age of the patient T

16) Regarding posterior dislocation of hip

- a) affected limb appeared shorter T
b) Occur primarily in elderly F
c) affected leg externally rotated F
d) Obturator nerve palsy is a complication F
e) dislocated hip is externally rotated F

17) The following is true about shoulder dislocation

- a) Anterior dislocation is more common than posterior T
b) Lower recurrence rate in younger patients F
c) Associated with Hill-Sachs disease T
d) Reduction of the dislocation is an emergency T
e) MRI is mandatory F

18) Brachial plexus injury:

- A The commonest cause is stab wound injury F F
B Klumpke's palsy is caused by the lesion at C5, C6 level F F
C Erb's palsy mostly will resolved spontaneously. T
D Avulsion of the nerve root is one of the poor prognostic factor T T
E The presence of Horner's syndrome indicates good prognostic factor F F

- 19) Regarding the metastatic bone tumour in elderly:
- A It is not as common as primary tumour F F
 - B It usually infected bone with red marrow T T
 - C Mostly involves the axial skeleton. T T
 - D Osteolytic lesion is seen in metastatic prostate tumour F F
 - E ??

- 20) Tennis elbow
- A Is due to playing too much tennis. T F
 - B The lesion site is the common wrist extensors T T
 - C It can be represented as numbness at the first web space. F
 - D Dorsiflexion will intense the pain T T
 - E Usually can be treated by IV methylprednisolone T

- 21) The following suggests of osteoporotic fracture:
- A Neck of femur fracture T T
 - B Distal tibia F
 - C Thoracic veterbrae T
 - D Distal humerus F
 - E Distal radius T

22. Contact Gun Shot :
- A. Large single hole, approx equal to bore of weapon T
 - B. Wad in wounds T
 - C. Muzzle impression T
 - D. Is when a shot is taken less than 15 cm F
 - E. Shows Satellite Pellet Holes F

23. Acromegaly presents with
- A. Patients are normally tall T
 - B. Increased sweating T
 - C. Insulin resistance is a known complication T
 - D. Excessive thyroid hormone secretion F (just goiter)
 - E. pituitary tumour invades cavernous sinus T

24. Regarding epistaxis
- a. More severe bleeding primarily affects the elderly T
 - b. The commonest site is the posterior septum F
 - c. The commonest causes are idiopathic & nose-picking T
 - d. Prolonged bleeding is a/w hypertension T
 - e. Nasal tumor may rarely present with an epistaxis T

25. Differential diagnosis of carcinoma of tonsil are
- a. Peritonsillar abscess T
 - b. Tuberculous ulcerative lesion tonsil T
 - c. Lymphoma tonsil T
 - d. Syphilitic ulcer tonsil T
 - e. Vincent's angina T

26. In Ludwig's angina
- a. There is spreading cellulitis involving submaxillary & sublingual space T
 - b. It is common in children with periodontal disease F
 - c. Patient present eith woody & hard submental swelling T
 - d. Dyspnoea & stridor are uncommon features F
 - e. Mediastinal infection is a recognized complication T

27. Cataract
- A) Glare T
 - B) VFD F
 - C) High myopia T
 - D) RAPDF
 - E) Dilated pupil F

28. Akathisia most resembles :
- a) Restless leg syndrome
 - b) Tourette Disorder

- c) Tardive dyskinesia
- d) Tardive dystonia
- e) Athetosis

29. Following physiological changes occur during catabolic phase:

- A Reduced total energy expenditure. F
- B Increased gluconeogenesis. T
- C Increased urine output. F
- D Ketogenesis in the liver. T
- E Suppression of insulin secretion. T

30. Regarding Diabetes during childhood

- A.Type 2 DM is the commonest type F
- B.Most of type 2 DM is thin F
- C.Acanthosis nigricans is a sign of insulin resistant T
- D.Polyuria,polydipsia,enuresis happen because... T
- E.HbA1c reflexes glycaemic control of preceding 2-3 months. T

31 In the patient with gastric outlet obstruction:

- A The vomiting of gastric contents results in hypochloreaemic alkalosis. T
- B Vomitus usually contains bile. F
- C The patient is hyponatremic and dehydrated. T
- D Urine become paradoxically acid T
- E Physical examination usually reveal no positive findings F

32. Regarding Atrial septum defect,

- A.Rare cause of heart failure during childhood T
- B.Do not need antibiotic prophylaxis for infective endocarditis T
- C.Pansystolic murmur at left upper sternal edge F
- D.Can cause right ventricular hypertrophy T
- E.Has single P2 T

33. Regarding patent ductus arteriosus(PDA),

- A.It is associated with cytomegalovirus virus infection in early pregnancy F
- B.Large PDA will result in narrow pulse pressure F
- C.Spontaneous closure of duct after infancy is extremely rare T
- D.Eisenmenger syndrome is one of the complications T
- E.It is common in premature baby. T

34 Regarding cancer of oesophagus

- A Adenocarcinoma accounts for 90% F
- B Early esophageal cancer is defined as carcinoma involving distal 1/3 of the esophagus F
- C Aetiology is multifactorial T
- D Barium meal imaging is the gold standard for diagnosis F
- E Most patients presented at advanced stage of the disease T

35. Regarding primary idiopathic Nephrotic syndrome

- A.Renal biopsy is not needed prior to starting corticosteroid T
- B.Hypertension is an uncommon feature T
- C.Diuretic is necessary for steroid responsive nephritic syndrome F
- D.Admission to hospital is needed for relapse F
- E.Duration of steroid treatment for first relapse is 6 weeks. F

36. Regarding acute renal failure

- A.Vomiting and diarrhea for 2 days; renal cause to cause ARF T
- B.Should restrict Na+, K+, Phosphorus F
- C.Urine indices determine whether the cause is prerenal or renal T
- D.Associated with metabolic alkalosis F
- E.For those who have 2 functioning kidneys, need obstruction of both kidney to cause ARF F

37. What are the absolute contraindication for live vaccine?

- A.Asymptomatic HIV F
- B.Prednisolone 1mg/kg for 5 days F
- C.Lymphoma T
- D.Pregnancy T
- E.1 year after IVIG for Kawasaki Disease F

38. At the age of 1 year, a child:
- A. Can stand from a sitting position T
 - B. Can drop and drop toys (casting) T
 - C. Can stand alone T
 - D. Knows his/her name and gender F
 - E. Has hand preference F
39. Smoking in pregnancy is associated with:
- A. Reduced birth weight of fetus
 - B. Increased likelihood of miscarriage
 - C. Increased risk of neonatal respiratory disease
 - D. Increased likelihood of neonatal death
 - E. Increased the risk of pre-eclampsia
40. With hypertension in pregnancy,
- A. Pregnancy-induced hypertension is diagnosed when the patient presents with high blood pressure in the first trimester of pregnancy.
 - B. Diabetes is a predisposing factor to pre-eclampsia.
 - C. Eclampsia is diagnosed when a pre-eclamptic patient develops fits.
 - D. All hypertensive patients during pregnancy need hospital admission.
 - E. Edema is a reliable sign to diagnose pre-eclampsia clinically.
41. The following statements are true about diabetic pregnancy:
- A. Congenital abnormalities rate is increased in gestational diabetes. Pre-existing diabetes
 - B. Pre-pregnancy counseling is essential in established diabetics.
 - C. Breastfeeding is contraindicated in patients with diabetic pregnancy.
 - D. No increase in perinatal mortality rate as compared to non-diabetic pregnancy.
 - E. Insulin is always required during pregnancy when abnormal glucose tolerance test is found.
42. Features of inevitable miscarriage are:
- A. Secondary amenorrhoea.
 - B. Leucorrhoea.
 - C. Bleeding per vaginum.
 - D. Lower abdominal pain.
 - E. Dysuria.
43. Concerning gestational trophoblastic disease:
- A. A gestational trophoblastic tumour cannot occur after a normal pregnancy.
 - B. A gestational trophoblastic tumour occurring after a full-term pregnancy is always choriocarcinoma.
 - C. The incidence of choriocarcinoma following a complete mole is of the order 60 per cent.
 - D. Persistent postpartum haemorrhage may be a sign of gestational trophoblastic tumour.
 - E. After 12 months of remission from gestational trophoblastic tumour, there is no contraindication to pregnancy
44. Stress incontinence
- A. is more common in parous women.
 - B. is corrected surgically.
 - C. is not always associated with utero-vaginal prolapse.
 - D. is diagnosed when urine loss is demonstrated during provocation in the presence of rise in detrusor pressure. – detrusor overactivity
 - E. occurs transiently during pregnancy.
45. A patient with haemoglobin level at 9.0 g/dL at 32 weeks' gestation
- A. should be transfused.
 - B. should have a bone marrow biopsy.
 - C. probably has a physiological anaemia.
 - D. needs an intravenous infusion of iron.
 - E. is likely to have an iron deficiency anaemia.
46. Primary dysfunctional labour is caused by
- A. cephalo-pelvic disproportion.
 - B. dysfunctional uterine action.
 - C. occipito-posterior position.
 - D. lumbar epidural block.
 - E. tumours of the neck of the fetus.
47. Post operative hypoxia after abdominal surgery can be prevented by

- A. Good pain relief by continuous epidural anaesthesia T
 B. Giving IV midazolam F
 C. PCA using morphine T
 D. Induce hypothermia to reduce O₂ consumption T
 E. Give supplement O₂ T
48. Following is/are inhalational anaesthetic agent
 A. Halothene T
 B. Isoflurane T
 C. bupivacaine F
 D. sevoflurane T
 E. cocaine F
49. Postoperative management need to monitor,
 A. Capnography F
 B. Respiratory rate T
 C. EEG F
 D. Pulse oximetry T
 E. Heart rate T
50. The following(s) can be used to maintain a patent airway.
 A. Guedel's airway T
 B. Nasal prong F
 C. Laryngeal mask T
 D. Venturi mask F
 E. Endotracheal tube T
51. Parenteral nutrition
 A) best given via brachial vein F
 B) isotonic fluid F
 C) given in patient with burst gut T
 D) given in short bowel syndrome F
 E) given in patient with low fistula F
52. In case of intussusceptions,
 A. Colicky abdominal pain is common presenting complaint T
 B. Inflamed Peyer's patches may form the lead point T
 C. Pale coloured stool may pass F
 D. Vomiting is forceful and projectile F
 E. Sign de dance is one of the physical findings T
53. Gas gangrene
 A. Can complicate above knee amputation T
 B. Result from contamination primarily by Clostridium tetani F
 C. Is only diagnosed after gas is seen in tissue on X-ray F
 D. Is treated by resuscitation, antibiotics and surgery wound debridement T
 E. Should be treated with hyperbaric O₂ T
54. Obstructive jaundice patient is going for major abdominal surgery. What should be given?
 A. Thrombotic prophylaxis F
 B. Intravenous glucose T
 C. Prophylactic antibiotics T
 D. IV steroid F
 E. Oral vitamin K T
55. Regarding Boerhaave Syndrome :
 A. An acquired disorder T
 B. Associated with oesophageal perforation T
 C. Treatment require oesophagectomy F
 D. Not a pre malignant condition T
 E. Can lead to mediastinitis and sepsis T
56. In Down's syndrome:
 F A. A single palmar crease is diagnostic.
 T B. There are forty-seven chromosomes in each cell.
 F C. The chromosomes of the parents are usually normal in translocation.

- F D. Alpha-feto protein is raised in maternal blood.
 T E. Radiography of the pelvis in the newborn helps in the diagnosis.
- 57 Regarding the adenomyosis:
 A It is due to the endometrium tissue implant at the myometrium region. T
 B It will cause the heavy bleeding during menstruation. T
 C It is associated with endometriosis F
 D It can change to malignancy. F
 E It can be resolved by progesterone only pill. T
- 58 Regarding pregnancy induced hypertension:
 A It increase serum uric acid due to increase uric acid production and reduce uric acid excretion
 B Fulminant pregnancy induced hypertension is associated with subcapsular haemorrhage, oliguria, disseminated intravascular coagulopathy, and spontaneous pre-term labour.
 C Hypertension without proteinuria is relatively benign condition
 D The earlier it presents in pregnancy, the severe the symptoms are
 E It is due to failure of invasion of spiral arterioles and occlusion of spiral arterioles leading to decrease placental perfusion leading to increase endothelial damage and generalized failure ... of all systems
59. Microscopic features of malignancy neoplasm are
 A.atypia T
 B.increase nuclear/cytoplasmic ratio T
 C.invasion F
 D.necrosis F
 E.pleomorphism T
60. Varicocele
 A.Consists of aneurysmal dilatation of testicular artery F
 B.Is more common on right side F
 C.May be associated with left renal tumourT
 D.May be associated with infertility T
 E.Requires surgery in all cases F

SET 10

- 1 Complications of massive blood transfusion:
A Thrombocytopenia T
B Acute pulmonary oedema T
C Hypokalaemia F
D Hypothermia T
E Hypocalcaemia T
- 2 Malignant melanoma:
A Frequently arise from hair bearing naevi F
B Frequently arise from junctional naevi T
C Has a worse prognosis when present on the lower limb F
D Is suspected if pigmented lesion bleeds spontaneously T
E May not be pigmented. T
- 3 Regarding the arterial blood gas
A PaCO₂ is 20-30mmHg F
B blood is best taken from carotid artery F
C sample syringe should be heparinised F???
D arterial blood pH is 7.4 T
E metabolic acidosis can be determined from base excess F
- 4 The following agents can be used as induction agents in the general anaesthesia:
A Sodium thiopentone T
B Sodium bicarbonate F
C Propofol T
D Ketamine hydrochloride F
E Chloral hydrate F
- 5 Regarding oxygenation
A SiO₂ more than 150 mmHg can cause CNS toxicity and seizure
B Nasal prong can make fixed FiO₂ F
C FiO₂ of 0.3 to 0.4 is safe for oxygen therapy
D Hyperbaric oxygen therapy is as patient is breathing at atmospheric pressure . F
E SiO₂ more than 150 mmHg can cause retrolentinel fibroses. // palitus??
6. Parenteral nutrition
A) best given via brachial vein F
B) isotonic fluid F
C) given in patient with burst gut T
D) given in short bowel syndrome F
E) given in patient with low fistula F
- 7) Pulse oxymetry can monitored following(s)
A) Pulse rate T
B) Blood pressure F
C) Oxygen saturation of haemoglobin in capillary T
D) Partial pressure of oxygen F
E) End tidal carbon dioxide F
- 8) Which of the following is(are) used in inducing agent by intravenously
A) sodium thiopental T
B) sodium bicarbonate F
C) Propofol T
D) Ketamine hydrochloride T
E) Chloro Hydrate
9. Regarding Tuberculous lymphadenitis of the neck
A. Commonly affect elderly patient T
B. Both bovine and human type of TB bacilli are responsible F
C. Primary focus of lung may be present T
D. Nodes are usually discrete F
E. Collar stud abscess may develop T
10. Increased ICP is associated with

- A.tachycardia F
 - B.hypotension F
 - C.apnoea F
 - D.transtentorial herniation T
 - E.Foraminal herniation T
11. Regarding internal haemorrhoid.
- A.Related to left renal vein. F
 - B.If prolapsed and spontaneously return is 2nd degree T
 - C.Has arterial component F
 - D.Treated with banding ring if 1st degree T
 - E.Palpable of digital rectal examination. F
12. Regarding flail chest
- A.Fracture 1 or more in 1 or more places F
 - B.Usually accompanied by pulmonary contusion T
 - C.Paradoxical motion of chest wall of is a main cause of hypoxia T
 - D.Initial therapy is adequate ventilation and oxygenation T
 - E.Intubation and ventilation are standard care F
13. Regarding Septic shock,
- A.Mostly due to gram negative cocci T
 - B.Cardiac output increases in early stage T
 - C.Mediated by activation of kinins T
 - D.May be due to viral or fungal F
 - E.Antibiotic therapy should await sensitivity result. F
14. Cause(s) of bloody discharge from the nipple include:
- A.Duct papilloma T
 - B.DCIS T
 - C.Fat necrosis F
 - D.Duct ectasia T
 - E.Multiple cyst F
15. Enteral nutrition is indicated in
- A.Small bowel obstruction F
 - B.Severe diarrhoea T
 - C.Proximal bowel fistula F
 - D.Severe pancreatitis F
 - E.Distal bowel fistula F
16. A T4 N2 M1 breast cancer will have the following features:
- A Tumour mass less than 5 cm F
 - B Contralateral neoplasm F
 - C Involved lymph nodes in the contralateral axilla F
 - D Distant metastases T
 - E Presence of skin dimpling T
17. Regarding the fibroadenoma of the breast:
- A Less than 2 centimeter will resolve spontaneously T
 - B Arise from aberrant development of a lobule T
 - C Is a mobile swelling with a peak incidence in the second and third decade. T
 - D Can sometimes turn malignant F
 - E Should be confirmed by fine- needle aspiration cytology T
18. Regarding Gullain Barre Syndrome
- A.Weakness which started at both lower limb T
 - B.Sensory system involvement such as hyperparaesthesia is uncommon F
 - C.Diagnosed with nerve conduction study T
 - D.IVIG is the treatment of choice T
 - E.Has elevated CSF protein T
- 19.COPD
- A.Most smoker develop COPD
 - B.Alpha-1-antitrypsin causes bronchitis.
 - C.Has an asymptomatic interval

- D. Pursued lips are features of chronic bronchitis
- E. Influenza vaccine should be given to prevent exacerbation

20. Hypoatasis

- A. Bacteria fermentation F
- B. Accumulation of blood outside the vessel F
- C. Occurs on dependent site T
- D. Caused by blunt trauma F
- E. Can be shift T

21. Regarding gout,

- A. Often present with podagra
- B. Fluorescent shows rhomboid shaped CPPD crystal
- C. Cytotoxic drugs will precipitate the gout.
- D. Allopurinol is the first line in acute attack
- E. Tophi occur due to the accumulation of the monosodium urate crystal.

22. Consequences of metabolic response to injury are:

- A. Salt and water retention T
- B. Hypothermia T
- C. Altered blood coagulation T
- D. Reduced oxygen consumption F
- E. Defective immune response T

23. The principle features of hyperkinetic disorder include:

- F A. Obesity.
- T B. Impulsiveness.
- T C. Restlessness.
- F D. Hypersomnia.
- T E. Poor concentration.

24. Which of the following statements is/are true of childhood autism?

- T A. It is a disorder of communication.
- F B. Delusions.
- T C. Lack of eye contact.
- T D. Avoidance of human relationship.
- F E. Poor concentration.

25. In infantile autism:

- T A. The child failed to develop normal social relationships.
- F B. Hyperactivity and short attention span.
- F C. Language development is normal.
- T D. Compulsive behavior is characteristic.
- F E. There may be underlying organic disease.

26. In cerebral palsy:

- F A. Both motor and sensory abnormalities are characteristic.
- T B. Lower limbs are more affected than upper limbs in diplegic type.
- F C. Progressive dementia is the associated features.
- T D. There is an increased risk of fits.
- T E. Dyskinetic type is due to hyperbilirubinemia.

27. A baby boy was born at 30 weeks gestation. He smiled at 6 weeks and could pick up a small object with finger and thumb at 10 months. He is not yet able to walk at the age of 26 months. His speech is normal. Likely diagnosis is/are:

- A. Phenylketouria.
- B. Spinabifida occulta.
- T C. Cerebral palsy.
- D. Autistic child.
- E. Mental subnormality.

28. In-vitro fertilization (IVF) is useful treatment for

- A. blocked tubes.
- B. azoospermia.
- C. anti-sperm antibodies.
- D. premature menopause.
- E. endometriosis.

29. The following are characteristic symptoms in acute pelvic inflammatory disease:

- A. Vaginal discharge.
- B. Short episodes of acute abdominal pain.
- C. Unilateral abdominal pain.
- D. Rigors.
- E. Shoulder-tip pain.

30. Regarding primary dysmenorrhoea:

- A. Is pelvic pain in the absence of pelvic diseases.
- B. Characteristically results in pelvic pain the week preceding menstrual flow.
- C. Usually commences in adult life.
- D. It is exacerbated by caffeine.
- E. The combined oral contraceptive pill is an unsuitable treatment.

31. Urge incontinence in the female

- A. is improved greatly by an anterior repair procedure.
- B. results in the daily passage of larger volumes of urine than normal.
- C. is worse during the day than at night.
- D. is caused by urinary tract infection.
- E. is improved by bladder drill and re-education

32. Endometriosis

- A. is the commonest cause of chronic lower abdominal pain in young women.
- B. frequently involves the ovaries.
- C. often flares up during pregnancy.
- D. is associated with subfertility.
- E. is a recognised cause of deep dyspareunia.

33. Childhood vulvovaginitis

- A. is commonly due to staphylococcal infection.
- B. is known to be caused by threadworm infestation.
- C. is treated with estrogen cream.
- D. is commonly due to Monilia.
- E. commonly requires treatment with systemic antibiotics.

34. Recognized indications for a Modified Oral Glucose Tolerance Test (MOGTT) include:

- A. Single episode of glycosuria in early pregnancy.
- B. Family history of diabetes.
- C. Fetal macrosomia.
- D. Polyhydramnios.
- E. When random blood glucose level exceeds 12.0 mmol/l.

35. Regarding breech [presentation and delivery:

- A. Cord prolapse is more common in extended breech than footling breech.
- B. Breech presentation is associated with uterine abnormality.
- C. Lovset's maneuver is for the delivery of the after coming head following breech delivery.
- D. Perinatal morbidity following vaginal delivery in breech is similar to that of the vaginal delivery with cephalic presentation.
- E. Footling breech is the commonest type.

36. Urgent primary amputation is needed for the following conditions:

- A. Deep ulcer of foot with osteomyelitis in a DM patient T
- B. Dry gangrene of toe F
- C. Gas gangrene of leg T
- D. Mangled right foot secondary to road transport accident ? T
- E. Necrotising fasciitis of leg T

37. Shoulder pain,

- A. from the musculotendinous junction felt at the anterolateral part of shoulder T
- B. at supraclavicular area is referred pain from the cervical T
- C. must be investigated in young patient F
- D. on adduction means acromioclavicular dysfunction (abduction) F
- E. on neck motion related to thoracic outlet syndrome (adson test) T

38. In spinal injuries,

- A. Burst fracture is considered unstable T T
- B. Posterior ligament is important for movement stability T T
- C. Wedge fracture is highly unstable F F
- D. Chance's soft tissue fracture heals faster than bony fracture
- E. Presence anterior tear drop in X-ray indicates neck hyperextension F F

39. Regarding diabetic foot care,
- A. Encourage use of sandals at home T
 - B. Trim nails in curved form F
 - C. Use nylon stocking F
 - D. Use shoes with wide-toed box T
 - E. Encourage the use of moisturizers. T

40. Right red eye + decrease in vision + decrease in visual acuity
- A. Conjunctivitis F
 - B. Episcleritis F
 - C. Anterior uveitis T
 - D. Corneal ulcer T
 - E. blepharitis F

41. Regarding voice production
- a. It starts when expiration is completed F
 - b. The vocal cords approximate tightly to maximize subglottic pressure T
 - c. The partial lessening of approximation of vocal cords creates mucosal waves of the opposed cords thus producing the sound waves T
 - d. The loudness of sound has nothing to do with the subglottic pressure F
 - e. The hoarseness of voice has nothing to do with the vocal cord approximation F

42. The causes of airway obstruction are
- a. Angioneurotic oedema T
 - b. Iatrogenic vocal cord palsy T
 - c. Fracture larynx T
 - d. Croup T
 - e. Subglottic stenosis F

43. Regarding laryngeal carcinoma
- a. Early nodal involvement is common in glottis cancer F
 - b. It can spread to opposite cord & regional LN once tumor extends to anterior commissure T
 - c. Throat & ear pain are symptoms of advanced stage tumor T
 - d. Restricted laryngeal crepitus can reveal post-cricoids or even retropharyngeal invasion T
 - e. Common site of spread is to the lungs follow by liver T

44. Differential diagnosis of nasal polyp include
- a. Enlarged inferior turbinate T
 - b. Juvenile nasopharyngeal angiofibroma T
 - c. Inverted papilloma T
 - d. Deviated nasal septum F
 - e. Rhinosporidiosis T

45. The following are true:
- a. a linear # of the base of skull across middle cranial fossa is also known as plimsol line F
 - b. the shattering of the front wind shield of a car across the front seat passenger is also known as crew feet injury F
 - c. according to section 173, witness in msia need to swear in the court with one hand placed on the bible F
 - d. in court proceeding leading question is allowed during cross examination T
 - e. an electrical current of 4 ampere would cause cardiac arrest T

46. Breech presentation is more frequent in the following situations:
- A. A septate uterus.
 - B. Fetal neuromuscular disorders.
 - C. Hydrocephaly.
 - D. Anencephaly.
 - E. Previous lower segment caesarean section.

47. Commonest fracture site in patient with osteoporosis,
- A. Neck of femur T
 - B. Distal tibia

- C. Vertebral body T
 D. Distal humerus
 E. Distal radius T
48. The followings are feature of OA:
 A. Subchondral cyst formation T
 B. Pannus formation F
 C. Osteophytes forming at the edge of cartilage T
 D. Presence of tendon ruptured F
 E. Decrease joint space T
49. Regarding acute suppurative arthritis,
 A. It is commonly involves knee in children and hip in adults F
 B. Causes it to be held in extension F
 C. It can be diagnosed by plain x-ray T
 D. Grossly restrict passive range of movement (ROM) T
 E. Treated with antibiotics for at least 6 weeks T
50. Multiple myeloma is
 A. A polyclonal proliferation of lymph node plasma cells. F
 B. Raised in serum paraproteinaemia T
 C. Occurs within 20-40 years old F
 D. Usually comes with back pain and pathological fracture T
 E. Presence of hypercalcaemia in 1/2 of the cases. T
51. Uncomplicated benign gastric ulcers
 A. Occur most commonly on greater curvature of stomach (F)
 B. Recur after medical treatment (T)
 C. Are occasionally premalignant (T)
 D. Can be diagnosed by rigid endoscopy (F)
 E. Can diagnosed by Barium meal (T)
52. Clinical features of peripheral vascular disease
 A. Paralysis (T)
 B. Paraesthesia (T)
 C. Rest pain (T)
 D. Ulcer above medial malleoli F
 E. Ischemia neuritis
53. Carcinoma of ascending colon present with
 A. Anaemia (T)
 B. Rectal bleeding (T)
 C. Intestinal obstruction (F)
 D. Abdominal mass (T)
 E. Weight loss (T)
54. Opioid
 A. Opioid can cause constipation (T)
 B. Fentanyl is 100 times more potent than morphine (T)
 C. Fentanyl has shorter action than morphine (T)
 D. Pethidine can be give intramuscularly (T)
 E. 1/5 less potent than morphine
55. Absorbable suture
 A. Catgut (T)
 B. Maxor (T)
 C. Nylon (F)
 D. Silk (F)
 E. Vicryl (T)
56. Regarding to peptic ulceration
 A. Helicobacter pylori is Gram positive bacillus (F)
 B. Zollinger-Ellison is associated with gastrin hyposecretion (F)
 C. Best diagnosed with rigid endoscope (F)
 D. Complication decreased with H⁺ pump inhibitor (T)
 E. Triple therapy eradicates H. pylori in 80% of patients in 1 week (T)

57. Regarding solitary thyroid nodule

- A Men are more prevalent (F)
- B More than half of cold nodule are malignant is.....(T)
- C Usually presented with constitutional symptoms
- D Risk of hot nodule for malignancy is neglectable (T)
- E All should be removed surgically (F)

58. Ultrasound solitary lesion in liver can be

- A. Hydatid cyst T
- B. Secondary from colorectal cancer T
- C. Hepato Cellular Carcinoma F
- D. Gall stone T
- E. haemosiderosis F

59) Features of UC..

- A. tarry stools F
- B. skip lesions F
- C. pseudopolyp formation T
- D. clubbing of fingers T
- E. risk of colon cancer T

60) A 2 day old boy did not pass meconium since birth. It is likely due to

- a) Hirschsprung T
- b) anorectal malformation T
- c) insufficient feeding F
- d) asphyxia F
- e) meconium ileus T

Surgery MCQs

1 Risk factors for breast cancer include:

- A Late menarche F
- B Nulliparity T
- C Estrogen therapy T
- D Early menopause F
- E High saturated fat intake T

2 A blood stained discharged from the nipple indicates:

- A Breast abscess F
- B Fibroadenoma F
- C Duct papilloma T
- D Fat necrosis of the breast F
- E Scirrhus type of carcinoma of breast F

3 Concerning fibrocystic disease of the breast:

- A It is most common in the second decade of life F
- B It is synonymous with traumatic fat necrosis F
- C Carcinoma of the breast common in woman with this condition T
- D It most commonly affects the upper outer quadrant of the breast T
- E Aspirate from cyst is always straw-coloured. F

4 Regarding the wound healing:

- A Secondary intention is a normal process of wound healing T
- B Wound contraction is a pathological process F
- C Hypertrophic scar is due to fibroblast over activity in the proliferative phase T
- D Good wound healing can be achieved when it is across the Langer's line F
- E Original wound strength regains back after 1-2 years. F

5 Keloids

- A Are more common in pigmented skin T
- B Occur within the limits of scar F
- C Are more common on flexor surface of the limbs F
- D Regress spontaneously with time F
- E Are familial T

6 Followings is/are complication/s of wound healing:

- A Wound contracture T
- B Tattooing T
- C Wound contraction F
- D Stitch marks T
- E Secondary union F

7 Regarding chronic wound/ ulcer:

- A Leg ulcerations are commonest chronic wounds T
- B Marjolin's ulcer is a basal cell carcinoma F
- C Pressure sore gets in, if external pressure exceeds the capillary occlusive pressure T
- D If it is unresponsive to simple treatment, it should be biopsied. T
- E Pressure sore may involve muscle. T

8 Different diagnosis of a swelling over forehead include:

- A Lipoma T
- B Angular dermoid F
- C Sebaceous cyst T
- D Osteoma T
- E Cystic hygroma F

9 Renal cell carcinoma:

- A Classically presents with flank pain, mass and haematuria T
- B Occurs unilaterally in case of von Hippel-Lindau disease F
- C Enhanced with contrast CT scans T
- D CEA is a useful tumour marker F
- E Obesity is a risk factor. t

- 10 Regarding urolithelial cancers:
- A Previous chemotherapy using cyclophosphamide is a risk factor for bladder cancer. T
 - B Clear cell carcinoma is the main histology type. F
 - C Could present with irritative voiding symptoms T
 - D B-hCG is a tumour marker F
 - E Cigarettes smoking is a risk factor T
- 11 On prostate cancer:
- A Early diagnosis are mostly asymptomatic T
 - B PSA is diagnostic specific, but not organ specific. F
 - C Hereditary prostate cancer contributes 50% of cases F
 - D It occurs commonly in the peripheral zone of prostate. T
 - E Bone metastatic are usually osteopenic on X-ray examination. F
- 12 Essential investigation for male patients presenting with lower urinary tract symptoms include:
- A Urinalysis T
 - B Serum calcium F
 - C Serum creatinine T
 - D Serum PSA T
 - E IVU F
- 13 Average daily water balance of a healthy adult (70kg) in temperature climate:
- A Water from beverage is 1200ml T
 - B Water from solid food is 1000ml T
 - C Water from oxidation is 800ml F
 - D Insensible loss from skin and lung is 900ml T
 - E Faeces includes 100ml T
- 14 Function of calcium include
- A Stabilization of membrane activity T
 - B Co-factor to enzyme reaction T
 - C Coagulation T
 - D Hormonal effect T
 - E Reperfusion injury T
- 15 Following are causes of hyperkaleamia
- A Renal failure T
 - B Excessive sweating F
 - C Villous adenoma of rectum F
 - D Pancreatic fistula F
 - E Extensive crush injury T
- 16 Complication of Minnersota tube:
- A Ulceration T
 - B Aspiration pneumonia T
 - C Portal vein thrombosis T
 - D Stricture T
 - E Asphyxia T
- 17 Endotracheal tube is indicated in:
- A Unconscious patient with head injury T
 - B Patient with severe facial burn T
 - C Patient with cardiac failure T
 - D Patient with renal failure F
 - E Patient with bilateral superior laryngeal nerve injury F
- 18-Necrotizing entero-colitis
- T a- is manifested in the new-natal period
 - F b- there is dynamic intestinal obstruction
 - T c- intra-mural gas is seen radiologically in the bowel wall
 - F d- no electrolyte imbalance
 - F e- is treated by elective exploration
- 19-Tracheo-esophageal fistula
- T a- is one of the VACTER group of anomalies
 - T b- blind esophagus is present in 97%

- T c- is associated with reflux esophagitis in some cases
- F d- operation is through left 4th intercostal space
- F e- leakage from anastomosis is diagnosed clinically

20- Audit in surgery

- T a- means systematic review of aspects of practice to improve that practice
- T b- has the components of structure-process-output
- T c- medical audit essentials are Rationale and Practicalities
- F d- audit needs same requirements as clinical research
- T e- outcome measures include data collection, analysis and comparison

21. Elevated serum amylase in

- A Mesenteric ischemia (T)
- B Acute cholecystitis (T)
- C Idiopathic pancreatitis (T)
- D Perforated gastric ulcer (T)
- E Acute hepatitis (F)

22. In patient with UGIH

- A Bleeding point is frequently beyond the ligament of Treitz (T)
- B Angiodysplastic lesion are a common cause (F)
- C Patient always present with hematuria (F)
- D Diagnostic endoscopy is best deferred for 24 hours
- E Selective mesenteric angiography, when available, is the best diagnostic investigation (F)

23. Common bile duct stone:

- A Formed primarily in CBD (F)
- B 50% asymptomatic (T)
- C Palpable gallbladder (F)
- D Elevated serum alkaline phosphatase
- E Etiology mostly at least with 1/3 of pancreatitis (T)

24. Predisposing factor for DVT include:

- A Polycythaemia (T)
- B Plasminogen deficiency (T)
- C Smoking (T)
- D Past operative mobilization (F)
- E Oncological surgery (T)

25. Regarding gastric carcinoma:

- A Commonly at duodenum (F)
- B Stratified squamous epithelium type (F)
- C Ulcerative lesion seen in endoscopy (T)
- D Atrophic gastritis is predisposing factor (T)
- E Surgery treatment is primary for any stage (F)

26. Clinical features that suggest tracheal injury

- A Loss of voice (T)
- B Hemoptysis (F)
- C Absence of surgical emphysema
- D Tension pneumothorax
- E Massive pleural effusion

27. The femoral canal

- A Lie lateral to the femoral vein (F)
- B Has the inguinal ligament as its anterior border (T)
- C Has the lacunal ligament as its lateral border (F)
- D Has the pectineal ligament as its posterior border (T)
- E Contains the lymph node of Cloquet (T)

28. Ureteric calculi

- A Usually present with ureteric colic (T)
- B Often result from UTI (T)
- C Frequent cause of hematuria (T)
- D Radiolucent in majority of the patient (F)
- E Should all be surgically removed when diagnosed (F)

Obstetrics & Gynaecology MCQs

1. Simpson's or Neville Barnes' forceps delivery at full dilatation may be performed for the following indication(s):

- A. Occipito-posterior position.
- B. Brow presentation.
- C. Cardiac disease in the mother.
- D. Poor maternal effort.
- E. Deep transverse arrest.

2. Congenital heart disease complicating pregnancy

- A. is increasing in incidence.
- B. if due to Eisenmenger's disease entails a higher rate of fetal loss.
- C. if due to coarctation of the aorta is an indication for termination of pregnancy.
- D. causes more maternal death than acquired heart disease.
- E. is an indication for antibiotic prophylaxis during the antenatal period.

3. The following are suggestive of stress incontinence in the female:

- A. Constant wetness.
- B. Passage of large amount of urine.
- C. Dysuria.
- D. Haematuria.
- E. Prolapse.

4. Concerning heart disease in pregnancy:

- A. Congenital heart disease is the commonest cause.
- B. Cardiac failure should not be treated with digoxin.
- C. Delivery should be by planned caesarean section.
- D. Cardiac surgery is absolutely contra-indicated.
- E. Ergometrine should be avoided in the third stage.

5. Uterovaginal prolapse:

- A. First-degree prolapse describes protrusion of the cervix through the vaginal introitus.
- B. Prolapse cannot occur after hysterectomy.
- C. Procidential describes descent of the anterior vaginal wall through the vaginal introitus.
- D. Ring pessaries rest within the posterior fornix and over the symphysis pubis.
- E. A Manchester repair involves cervical amputation and anterior and posterior repairs.

6. The complications of pregnancy in the diabetic patient include:

- A. Intrauterine growth retardation.
- B. Polyhydramnios.
- C. Breech presentation.
- D. Increased risk of congenital malformation.
- E. Sudden intra-uterine fetal death.

7. Ca125 is elevated in the following condition:

- A. Menstruation.
- B. Stage I ovarian cancers.
- C. Pelvic inflammatory disease
- D. Urinary tract infection.
- E. Pancreatic cancer

8. Cervical ca

- a) adenocarcinoma is the commonest F
- b) HPV 16, 18 is the cause T
- c) Tx according to the stage T
- d) Smear can use to diagnose the cervical ca F
- e) All the confirmed case should go to EUA T

9. Perinatal death can be reduced by

- a) more frequent visit to MCH T
- b) increased lifestyle T
- c) increase obstetric care T
- d) contraception F
- e) audit the perinatal death T

10. FSH increases in
- Postmenopausal women T
 - those taking OCP F
 - prepubertal girl in gonadectomy T
 - pregnancy F
 - Sheehan's syndrome F
11. Primary PPH
- retained POC T
 - endometritis F
 - uterine atony T
 - vasa praevia F
 - multiple pregnancy T
12. OCP can use to protect against
- PID T
 - endometriosis T
 - uterine and ovarian ca T
 - cervical ca F
 - breast ca F
13. Direct causes of the maternal death
- PE T
 - DM F
 - PPH T
 - uterine rupture T
 - amniotic fluid embolism T
- 14) Regarding cerebral malaria
- focal neurological deficit is common F
 - Retinal h'age can be seen in fundoscopy T
 - Seizures is CF.. T
 - level of consciousness is low. T
 - caused by P.knowlesi F
15. The following is/are the risk factor (s) for postpartum haemorrhage :
- Uterine atony.
 - Amniotic fluid embolism.
 - Full bladder.
 - Multiple pregnancy.
 - Prolonged labour.
- 16) 22 yo woman presented with symptoms of anaemia for 1 wk. On examination, she noted to have pallor & mild jaundice. Dx with autoimmune haemolytic anaemia. Followg features;
- palpable tip spleen on abdominal examination T
 - Low reticulocyte count F
 - Markedly raised conjugated bilirubin F
 - Increased serum LDH T
 - positive anti- human globulin test T
17. Hydatidiform mole
- may co-exist with a viable foetus.
 - produces luteinizing hormone.
 - is associated with theca-lutein ovarian cysts.
 - arises from the amnion.
 - commonly presents with vaginal bleeding.
18. Uterine fibroids
- are primarily composed of fibrous tissue.
 - characteristically present with intermenstrual bleeding.
 - are associated with endometriosis.
 - have a capsule.
 - should be removed at Caesarean section if larger than 4 cm diameter.
19. Regarding placental abruption:
- Is defined as the premature separation of an abnormally sited placenta.

- B. The bleeding is typically bright red and clotting.
- C. Blood loss is invariably of maternal origin.
- D. Tends to recur in subsequent pregnancies.
- E. Is associated with disseminated intravascular coagulopathy.

20) regarding hepatic encephalopathy

- A. Upper GI bleeding is the precipitating factor. T
- B. patient most likely having hyperglycaemia F
- C. Hyperreflexia is noted. T
- D. Flapping tremor can be elicited T
- E. Ketone breath is noted. F

21. Regarding adult acute leukemia

- A. ALL is more common than AML. F
- B. fever can occur without evidence of infection T
- C. bone marrow examination is required to confirmation of diagnosis T
- D. a total white cell count of $>100 \times 10^9/L$ carries a good prognosis F
- E. performance status in diagnosis is an important factor T

22. With regards to dating of pregnancy.

- A. Dating may be accomplished with reference to the crown-rump length in the first half of the first trimester.
- B. Ultrasound can be used to estimate the date of delivery (EDD).
- C. The date of quickening is very reliable in estimating the date of delivery.
- D. Nagele's rule for Estimated Date of Delivery (EDD): - Last menstrual period plus three months plus 7 days.
- E. Based on a last menstrual period of 13 April 2002, the EDD would be 13 Jan 2003.

23. Regarding the fetal skull:

- A. Moulding in labour affects the base of the skull.
- B. The anterior fontanelle is at the junction of the sagittal and lambdoidal suture.
- C. The vertex is delineated by the anterior and posterior fontanelles and the frontal eminences.
- D. The sub-occipital bregmatic diameter is 11.0 cm.
- E. The greatest anterior-posterior diameter is the mento-vertical, typical of brow presentation.

24. Regarding the latent phase of labour:

- A. It is the period of active dilatation of the cervix.
- B. It is of longer duration in the multipara women.
- C. It ends after full dilatation of the cervix.
- D. It begins after the end of the first stage of labour.
- E. It is associated with the urge of bearing down.

25. Transverse lie is more frequent in the following situations:

- A. A septate uterus.
- B. Placenta praevia.
- C. Twin pregnancy.
- D. Anencephaly.
- E. Previous lower segment caesarean section.

26. Heavy but regular periods are the likely feature of

- A. uterine fibroids.
- B. carcinoma of the cervix.
- C. dysfunctional uterine bleeding
- D. hypertension.
- E. adenomyosis.

27. The support(s) of the uterus include the following:

- A. Cardinal ligaments.
- B. Utero-sacral ligament.
- C. Infundibulo-pelvic ligaments.
- D. Broad ligaments.
- E. Pubo-cervical ligaments.

28 Haematological changes during pregnancy

- A. Reduce fibrinogen concentration
- B. Reduce haematocrit level
- C. Increase plasma folate concentration
- D. Reduce ESR

E. Increase WBC

- 29 Episiotomy
A. Midline incision causes less bleeding
B. Mediolateral causes less dyspareunia
C. Indicated for previous pelvic floor surgery
D. Mediolateral incision easier to repair.
E. For more lateral episiotomy can cause damage to Bartholin's gland
- 30 Regarding puerperium
A. Last 7 weeks starting from the birth of the child
B. Prolactin hormone is increased in breast feeding mother
C. Normally, uterus can be palpable in abdomen examination after 14 days of child birth
D. Minor breast engorgement during puerperium should be solve by continuous breastfeeding
E. Combined oral contraceptive pill is prescribed for lactating as a contraceptive.
- 31 Antenatal care during pregnancy
A. Every fortnightly after booking
B. Monthly until 28 weeks of POA
C. Antenatal visit at 10 weeks, 24 weeks, 36 weeks and 40 weeks
D. Fortnightly from 28 weeks to 35 weeks
E. Weekly from 36 weeks onward.
- 32 Regarding breech
A. Occurs in postdate pregnancy
B. Ass/w fetal anomaly
C. Increases risk of cord prolapsed
D. Increases risk of postpartum haemorrhage
E. Increases perinatal mortality due to asphyxia.
- 33 Prenatal diagnosis
A. Chorioniv villus sampling can be done at 10 weeks
B. Amniocentesis best done at 15-20 weeks
C. All required ultrasound guided
D. All risk of miscarriages
E. Nuchal thickness more than 2mm implies Down syndrome.
- 34 Regarding Occipito Posterior
A. Is vertex presentation with occiput in reallion to posterior quadrant of the pelvis
B. 20% occurs during onset of labour
C. Diagnose with obstetric examination by presentation of fullness in the lower abdomen
D. Leads to normal SVD 80-90%, which rotates occurs spontaneously 3/5 of the circle anteriorly.
E. In which FHR is abnormal, sign of obstructed labour with any stage should perform Emergency LSCS.
- 35 Hyperthyroidism in pregnancy
A. Raditherapy iodine is contraindicated
B. Associated with IUGR
C. Thyroid stimulating hormone is increasing
D. Propylthiouracil can cross placenta
E. Breast feeding is contraindicated.
- 36 Placenta insufficiency is caused by
A. Smoking in pregnancy
B. Diet in pregnancy
C. Hypertensive disorder in pregnancy
D. Post maturity
E. Exercise in pregnancy
- 37 The following is/are true:
A. Normal floras in adult vagina are streptococcus, staphylococcus, diphteroid and Dorderlein's bacilli.
B. Pyogenic infection of genital tract spread via mucous membrane.
C. Most common causative organism in acute bartholinits is gonococcus.
D. Vulvovaginitis in child caused by thread worm
A. Monoliasis vaginitis occur frequently during pregnancy.
- 38 During menstrual cycle,
A. Anterior pituitary hormone trigger the ovulation hormone, LH

- B. Degenerative changes 1st appear in endometrial at the onset of menses.
 C. Vaginal bleeding at time of ovulation is thought to be due to increase in estrogen
 D. Puberty is brought by hypothalamus maturation
 E.
- 39 Common causes for precocious puberty
 A. Increase intracranial pressure
 B. Turner syndrome
 C. Panhypopituitarism
 D. 1° hypothyroidism
 E. Ovarian luteoma
- 40 Non pregnant women's uterus
 A. Position of body of uterus changes with bladder distension
 B. Move anterior and posterior plane
 C. Body posture influence the position of uterus
 D. Position of the uterus is the same if the patient lying supine of standing
 E. Ante flexion is the normal position
- 41 The following related to dysmenorrhoea
 A. Childbirth has curative effect on 2° dysmenorrhoea
 B. Women who smoking for more than 10 years has increased risk of dysmenorrhoea
 C. Pain prior to menstruation suggest PID
 D. In 2° dysmenorrhoea, laparoscopy should be considered if trial of therapy unsuccessful
 E. Oral contraception pill is of value in it.
- 42 Management of ovarian cyst
 A. Depends on age
 B. Not determined by the size
 C. Laparotomy if symptomatic
 D. Ultrasound does not help to differentiate the types of the tumour
 E. There is only limited place for aspiration of the cyst
- 43 Failure rates in contraception method in
 A. COC pill is 0.1 – 1/100 women in a year
 B. Copper bearing IUD is 1-2/1000 reproductive women age
 C. Male condom is 2-5/100 women in a year
 D. Norplant is 0.2- 1/100 women in a year
 E. POP is 0.5 – 1/100 women in a year
- 44 Regarding uterine fibroid
 A. Are commonly associated with endometriosis
 B. Should be removed surgically in fibroid size of 14 weeks pregnancy
 C. Is a common cause of acute retention of urine
 D. Can compress the ureters
 E. Can be treated effectively by LH-RH analogue.
- 45 Regarding molar pregnancy
 A. Complete hydatidiform mole has diploid chromosomal constituent totally derived from parental genome
 B. Patient usually presented with PV bleeding, uterine larger than date, serum B-HCG normal
 C. Never include a fetus
 D. Serum B-HCG is a gold standard of diagnosis and to monitor therapeutic response to gestational trophoblastic disease
 E. After evacuation of hydatidiform mole, serum B-HCG should be monitored monthly until B-HCG is undetectable consecutively 2 monthly for 6-12 months.
- 46 Abnormal uterine bleeding that persists despite medical treatment,
 A. Hysteroscopic examination can be done in all ages
 B. Indicated for women aged 30-40 y/o to undergo outpatient hysteroscopy as first baseline investigation
 C. Serious endometrial pathology is less common in women less than 40 y/o
 D. Cannot be cervical carcinoma
 E. Can be subserosal fibroid.
47. Regarding fallopian tube
 A: Function no change during menstrual cycle. F
 B: Arise from paramesonephric duct. T

- C: Thickest muscle in isthmus. F
 D: Longest in ampulla. T (longest and widest)
 E: Lining by columnar epithelium with cilia. T
48. In menopause women
 A: Got sleep disturbance T
 B: Peripheral conversion of androgen to oestrogen still continue T
 C: Decrease cortical bone loss F
 D: Vaginal dryness T
 E: Dyspareunia T
49. Incidence of thromboembolism increase in
 A: Nephritic syndrome T
 B: Sterilization in puerperium T (pregnancy + surgery)
 C: Teenage pregnancy T
 D: Admission during antenatal F
 E: Pre-eclampsia F
50. Convulsion during pregnancy can be due to
 Epilepsy T
 Cerebral malaria T
 Hypothyroidism F
 Hypoglycemia T
 Eclampsia T
51. Lymphatic drainage of cervix
 A: Presacral LN F
 B: Internal iliac LN T
 C: Obturator LN T
 D: Superficial inguinal LN F
 E: Lateral sacral LN F
52. Grandmultipara increase risk of
 Malposition T
 Pre-eclampsia F
 PPH T
 Uterine rupture T
 Uterine atony T
53. CIN
 A: Majority become invasive F (10%)
 B: Can be diagnosed by pap smear T
 C: In 1990's, Pap smear result is reported as CIN I, II, III (T)
 D: Present with abnormal PV bleed F
 E: Cryosurgery can efficiently eradicate the lesion with good outcome. T
54. Treatment for stage IIb cervical Ca
 A: Cone biopsy F
 B: Laser ablation F
 C: Wertheim hysterectomy F
 D: LLETZ F
 E: Radiotherapy T
55. Ovarian ca
 A: Epithelial is the most common type T
 B: CA-125 is the specific parameter F
 C: Need surgical staging T
56. Branches of internal iliac artery
 A: Inferior vesical artery T
 B: Superior rectal artery F
 C: Medial rectal artery T
 D: Iliolumbar artery T
 E: Superficial femoral artery F
57. Oligohydramions associated with

- A: Postmaturity T
 B: Polycystic kidney of fetus T
 C: Rhesusimmunization F
 D: Haemangioma placenta F
 E: Leaking liquor T
58. Chemotherapy with alkylating agent
 A: Methotrexate F (anti folic acid)
 B: Bleomycin F (antibiotic)
 C: Cisplatin (platinum) F
 D: Cyclophosphamide T
59. 26 yr old, primi, 16 week POA, proteinuria 2+, what investigation you will do next for her?
 24 hr urine protein F
 Suprapubic aspiration T
 IVU F
 Renal scan F
 KUB F
60. Blood transfusion reaction most likely will happen in
 A: Blood group A give to person with blood group B T
 B: Blood group O give to person with blood group AB F
 C: Blood group A give to person with blood group O T
 D: Blood group A give to person with blood group AB F
 E: Blood group B give to person with blood group A T
61. Combined oral contraception
 A: Reduce risk of ovarian ca T
 B: Reduce risk of endometrium ca T
 C: Reduce risk of therapeutic abortion F
 D: Reduce risk of PID T
 E: Reduce risk of benign breast disease T
62. In ultrasound, below findings of a pelvic mass suggested malignancy
 A: Wall > 3mm T
 B: Septa < 3mm F
 C: More solid than cystic T
 D: Internal echogenic in ovarian cyst T
 E: Irregularity of internal wall T
63. Face presentation
 Anencephaly T
 Prematurity T
 Bicornuate uterus T
 Multiple pregnancy T
 Placenta abruption F
64. Puerperal psychosis
 A: More common in primi T
 B: Common after 4 weeks of delivery F
 (postpartum depression after 4 week, psychosis 1-3 days after delivery)
 C: Is organic in origin F
 D: Is a/w genetic vulnerability T
 E: Unrelated to marital problem F
65. PPROM
 a/w fetal septicemia T
 a/w future subfertility F
 VE is contraindicated F
 a/w contraction F
 need speculum examination to confirm the diagnosis T
66. Malignant adnexa neoplasm in adolescent
 A: Choriocarcinoma T
 B: Dysgerminoma T
 C: Embryonal ca T

- D: Malignant teratoma F
 E: Meig's syndrome that is a/w ovarian fibroma F

67. Abruption placenta

- Is a/w higher perinatal mortality T
 Is a/w microcytic hypochromic anemia F
 Is a/w smoking T
 Ultrasound is reliable to exclude it F
 DIVC is a known complication T

68. Causes of primary amenorrhea

- a) asherman syndrome
 b) turner syndrome
 c) gonadal dysgenesis
 d) sheehan syndrome
 e) imperforated hymen

69. antenatal care?

- a) HepBs Ag positive increase risk transmission
 b) IgG rubella positive increase risk of transimission
 c) HIV can transmit vertically
 d) Syphilis is caused by Treponema pallidum
 e) The diagnostic test of syphilis is TPHA.

70. Disease associated with autoimmune hepatitis

- A. Pernicious anemia T
 B. Primary sclerosing cholangitis T
 C. type 1 DM T
 D. irritable bowel syndrome F
 E. Adrenal Tumour F

71. Infant of diabetic mother

- a. Hyperbilirubinaemia
 b. Polycythaemia
 c. Hyaline membrane disease
 d. Hypoglycemia

72. Iron Deficiency Anaemia – in a patient who had undergone previous gastrectomy (after some years) but still has a picture of IDA, showing microcytic and hypochromic anaemia. What are the possible causes?

- A. Helminthic infestation
 B. Bleeding gastrectomy
 C. Poor diet

Orthopaedics MCQs

1. Ankylosing spondilitis
 - A. Is caused/ associated with chromosome 13 T
 - B. The female are affected more than male F F
 - C. It occurs commonly in old age F F
 - D. It is associated with B-25 F F
 - E. It mostly affects the spine and sacroiliac joint T T
2. Carpal tunnel syndrome:
 - A. It can present as the numbness at the thenar region F F
 - B. If in young lady, it is associated with Rheumatoid arthritis and T T
 - C. It typically is pain worse at night T T
 - D. It can be mistaken as cervical spndylosis at C5-C6. F
 - E. In the pregnancy stage, an urgent arthoscopic intervention is needed F
3. A common peroneal nerve palsy
 - A. Is associated with patellar-tendon-bearing cast
 - B. Is associated with fibular neck fracture T
 - C. Causes foot drops. T
 - D. Causes loss of foot inversion F
 - E. Produces anaesthesia over the lateral side of foot. T
4. The following statement is/are true:
 - A. Bennet's fracture is a type of pollicis metacarpal phalangeal joint F
 - B. Smith's fracture is a type of distal radius fracture T
 - C. Galaezzi fracture is ulnar fracture with distal radio-ulnar joint dislocation F
 - D. Monteggia fracture is ulnar fracture with proximal radio-ulnar joint dislocation T
 - E. Pott's fracture is a type of fracture around the knee. F
5. The following are true concerning low back pain
 - A. MRI is required at initial presentation F
 - B. Most common cause is muscular origin T
 - C. Spinal claudication is typical of spinal stenosis T
 - D. Acute disc prolapsed commonly occur in patient age between 50-60 years old F
 - E. Presence of cauda equine syndrome requires early surgical intervention. T
6. Fat Embolism Syndrome
 - A. usually presented with shortness of breath, restlessness and confusion T
 - B. it is due to fat lobules from fractured of long bones T
 - C. usually is treated non-surgically T
 - D. it occurs at about 10 days after the injury (72 HOURS) F
 - E. normally occur in elderly patients F
7. Fracture:
 - A. of pubic rami is usually treated non-surgically T
 - B. of the long bone metaphyseal heals slower than fracture of the shaft F
 - C. is classified as comminuted when butterfly fragments are present T
 - D. will usually unite even if the bone lie side by side to each other F
 - E. that is caused by repetitive stress is called pathological fracture F
8. Which of the following discourage callus formation?
 - A. NSAIDs T
 - B. Open reduction and internal fixation T
 - C. Protected weight bearing of the fracture side F
 - D. Deficiency of vitamin C T
 - E. Smoking T
9. The following is true for Advance Trauma Life Support.
 - A. X ray cervical, chest and abdomen are the most important X rays in first survey T
 - B. Golden hour is the first peak. F
 - C. It is not necessary to complete second survey before OT T
 - D. First peak trimordal mortality aim to reduce/prevent blood loss and shock. T
 - E. Death at third peak is mostly due to infection T
10. Regarding Congenital Talipes Equinovarus,
 - A. Foot pronated and abducted F
 - B. Involves lower limbs bilaterally in 1/3 of cases T

- C.Does affect calf muscles T
D.Surgery is needed for baby less than 1 month F
E.Treatment includes arthrodesis for children more than 10 years old. F
11. De Quervian's
A.also known as tenovaginitis F
B.involves abductor pollicis longus T
C.involves extensor pollicis longus F
D.cannot abduct the thumb T
E.positive tinel's sign F
12. Regarding meniscus injury,
A.Usually due to longitudinal force on extended knee F
B.Lateral meniscus commonly affected F
C.Haemarthrosis occur during the initial trauma F
D.Recurrent knee swelling is common F
E."locking" means inability to flex the knee. F
13. Myelopathy includes clinical features such as
A.Hypotonia of limbs ?F
B.Weakness in the knee ?T
C.Sensation changes in limbs T
D.Urinary incontinence ?T
E.Severe low back pain T
14. Which of the following is true of complications of skeletal traction?
A.Skin tear F
B.Pin track infection T
C.Iatrogenic fracture T
D.Injuries to vessels T
E.Bed sore T
- 15.Which of the following about Perthes' disease is true?
A.More common in female F
B.Is due to ischaemia of head of femur ?T
C.Age is 4 to 8 years old T
D.Commonly causes coxa planar T
E.Worse prognosis if less than 6 years old
- 16 The following are bone derived tumour:
A Aneurysm bone cyst
B Osteosarcoma
C Osteochondroma
D Osteoid osteoma
E Giant cell tumour
- 17 Regarding the Tuberculosis arthritis
A It involved multiple joints
B It can be happened in the elbow and wrist joint
C It is due to haematogenous spread
D It may show peri-articular loss of bone density (sth like that)
E The treatment of anti tuberculosis last for 24 months
- 18 The causes of loose body include:
A Synovial chondromatosis
B Charcot's disease
C Osteoarthritis
D Osteochondritis dissecans
E Trauma to the bone and cartilage
- 19) Regarding fracture of carpal scaphoid
A. Occurs following fall on palmar flexed hand.
B. Presents with localized tenderness over anatomical snuff box.
C. Can involve only the scaphoid tubercle.
D. That is treated with cast immobilization should have the wrist and hand in glass- holding position.
E. Would develop avascular necrosis in the proximal as its complication.

20) Regarding fat embolism

- A. Occur in most young adults after open fracture of long bones.
- B. Develops within 24 hours of injury
- C. Is characterized by presence of petechiae over the chest.
- D. Can result from DVT.
- E. Is treated by ventilatory support in presence of respiratory distress.

21) A Patient with diabetic foot would present with

- A. Clawing of toes.
- B. Charcot joints
- C. Dry gangrene of toes
- D. Stocking loss of peripheral sensation
- E. Atrophy of skin

22) Following factor(s) are associated with risk of non-union

- A. osteoporosis
- B. Distraction of the fracture ends.
- C. Infection
- D. Metastatic tumour deposits
- E. Inadequate immobilization

23. Cardinal features of degenerative OA

- A. Tendon ruptured leads to joint deformity
- B. Cartilage destruction
- C. Subarticular cyst formation containing thick, gelatinous material
- D. Articular cartilage destruction by
- E. Osteophytes arise from the edge of articular surface

24) Regarding cervical neck injury;

- A. Neck examination is mandatory in multiple injuries.
- B. In presence of bruising on face, hyperextension of neck must be suspected.
- C. If the patient can walk normally, cervical neck injury can be ruled out.
- D. Increased space retropharyngeal space suggests haematoma.

25. Which of the following are indications of internal fixation

- A. Unstable fractures T
- B. Fractures in professional athletes F
- C. Major trauma with multiple fracture T
- D. Involvement of articular surface T
- E. Pathological fractures from secondaries T

26. Joint pain

- A. Gouty arthritis is 5 times more common in male than female – not this high F
- B. Gouty tophi can be found in ear T
- C. Charcot arthropathy is painful – painless neuropathic joint F
- D. Earliest change in primary osteoarthritis is softening of articular cartilage T
- E. Rheumatoid arthritis cause severe muscle wasting – t

27. Ganglion

- A. Commonly occur in fingers – at wrist F
- B. Mostly resolve spontaneously within 3 months T
- C. 30% recurrent after surgery T
- D. Affects hand function
- E. Commonly occur in middle-aged women – young women F

28. Neck of femur fracture

- A. Garden stage 3 is complete, undisplaced fracture – displaced F
- B. Fixation is almost mandatory T
- C. Skin traction is used to temporarily reduce the fracture – reduce the pain F
- D. Impacted fracture is easily missed T
- E. Early mobilization is encourage as soon as possible T

29. Elbow dislocation

- A. Usually results from direct blow at the elbow region – indirect blow F
- B. Is usually not obvious - of course obvious subcutaneous F
- C. Require internal fixation if humeral condyle is fractured T
- D. Brachial artery injury is a complication T

E. Passive manipulation is indicated after reduction – active manipulation F

30. Acute suppurative arthritis

Z. Common causative organism in children less than 3 years old is

Haemophilus influenza T

A. Commonly involve hip in adult and knee in children – vice versa F

B. Infants presented with refusal to move the affected limb T

C. X-ray shows joint space narrowing within 2 weeks – not so early F

D. Causes bony ankylosis if the articular surface is completely eroded T

31. Perthe's disease

A. Occur in children between 10 to 20 years old – 8 – 12 yo F

B. More common in girl than boy – boy > than girl F

C. Sometimes cause coxa magna T

D. Principle of treatment is 'containment of femoral head in acetabulum T

E. X-ray shows increased density of epiphysis T

32. Giant cell tumour

A. Commonly occur in adolescent T

B. Affect patient's life span – not affect F

C. Treatment is resection and reconstruction F

D. Soap bubble appearance on plain X-ray T

E. Commonly occur in metaphysis – juxtaarticular area F

33. Mallet finger

A. Caused by forceful bending during active extension T

B. Rupture of flexor tendon – extensor tendon F

C. May cause avulsion fracture T

D. Treated by continuous splinting of affected finger in extension for 8 weeks T

E. Affects the metacarpophalan

34. Knee Pain

a. Clergyman's knee is subarticular..... F (intracapsular)

b. Osgood Scatther's syndrome is characterized by...

c. Chondromalacia patellae is most common in adolescent. F (teenager)

d. Meniscal cyst is commoner at medial side. F

e. Baker's cyst is complication of T

35. Osteoporosis

a. quality of bone is normal. T

b. strength of bone is normal. F

c. bone mass is normal. F

d. vertebral compression fracture do not usually cause nerve compression. T

e. biochemical lx is normal. T

36. Perthes' Ds

a. common 4-8 years. T

b. more common in girls. F

c. bilateral in one half cases. ??

d. Coxa plana. T

e. worse prognosis if < 6 years old. F

37. TB of bones and joints

a. multiple joints. F

b. short history. F

c. marked wasting. T

d. marked synovial thickening. T

e. Xray shows periarticular osteoporosis. T

38. De Quervein's Ds

a. Nerve sheath covering . F

b. Can't oppose/abduct thumb. T

c. Can't abduct thumb. T

d. Rx with slitting the nerve sheath in severe cases. T

e. Tenderness at ulnar region. F

39. Back pain

- a. PID common in 40-50 yrs old. F
- b. intermittent claudication is typical of spondylolithesis. T
- c. Xray of acute PID is usually normal (can't see anything). T
- d. Cauda equina is an emergency. T
- e. Advice on daily activities is very important. T

40. Osteosarcoma

- a. most commonly in 6th decade. F
- b. equally involve both sex. T
- c. bone producing tumor. T
- d. spread to LN. F (lung)
- e. histological Dx. T

41. Knee

- A.) Chondromalacia patella, most common cause of anterior knee pain in middle –aged woman F
- B.) Meniscal cyst common in medial aspect F
- C.) Prepatellar bursitis is also known as 'clergyman's fracture' F
- D.) Osgood- Schlatter's disease occurs at insertion of patellar ligaments at apophysis T
- E.) Baker's cyst usually secondary to knee disorder associated with prolonged synovial effusion T

42. Compartment Syndrome

- A.) occurs within intermuscular septa & interosseous membranes T
- B.) palpable pulse distal to fracture exclude diagnosis F
- C.) caused by tight cast T
- D.) treated by analgesia & elevate the leg F
- E.) cause little long term problems F

43. Low back pain

- A.) Cauda equina syndrome is an emergency T
- B.) PID common in 40-50 years old F
- C.) Spinal claudication is characteristic of spondylolisthesis T
- D.) X-ray of PID may not have any abnormalities in acute stage T
- E.) low back care is essential T

44. De Quervain's disease

- A.) sheath containing extensor pollicis longus becomes inflamed & thickened F
- B.) tenderness at the ulnar styloid F
- C.) Abduction of thumb against resistant is painful T
- D.) passive adduction of thumb across palm is painful T
- E.) resistant cases need slitting of the thickened tendon sheath T

45. Osteosarcoma

- A.) common in 6th decade of life F
- B.) affect diaphysis F
- C.) occur equally in female & male F
- D.) arise from bone & produce bone T
- E.) spreads mainly to lymph nodes F

46. Features suggesting TB of bone & joints include

- A.) involvement of multiple joints F
- B.) a short history F
- C.) marked synovial thickening T
- D.) marked muscle wasting T
- E.) periarticular osteoporosis on plain X-ray T

47. Osteoporosis

- A.) quality of bone is normal T
- B.) strength of bone is normal F
- C.) bone mass is normal F
- D.) vertebra compression fracture does not cause neurological deficit
- E.) biochemical tests are normal T

48. Median nerve palsy

- A.) Thumb opposition is weak T
- B.) Loss of sensation at ulna 3 ½ of fingers F
- C.) Low lesion due to carpal dislocation T
- D.) High lesion cause long flexor of little finger paralyzed F
- E.) High lesion cause pointing index when hand is clenched T

ENT MCQs

1. In the voice disorders of the larynx

- a. Vocal abuse & faulty usage of voice are prime causes for vocal nodule T
- b. Ventricular bands are used instead of true cords to phonate in dysphonia plicae ventricularis T
- c. Fluid collection beneath the epithelium of true vocal cords is known as Reinke's oedema T
- d. Prolonged presence of endotracheal tube between the vocal cords mostly cause intubation granuloma T
- e. Commonest site of vocal cords polyp is anterior commissure T

2. Regarding swallowing

- a. During pharyngeal phase, false vocal cords approximate while glottis open F
- b. In patient having total glossectomy, swallowing starts in pharyngeal phase T
- c. Mikulicz's disease is cause of dysphagia T
- d. Gastroesophageal reflux is suspected when anterior commissure is inflamed F
- e. Pharyngeal pouch is a/w poor upper oesophageal sphincter T

3. Complications a/w open biopsies of neck LN include

- a. Disruption of the normal lymphatic drainage system T
- b. An increased risk of tumor recurrence in the neck T
- c. The destruction of valuable surface area that may be needed surgery T
- d. The risk a/w general anaesthesia T
- e. The risk a/w local anaesthesia T

4. Pulsatile tinnitus is seen in

- a. Hypotension T
- b. Glomus jugulare T
- c. AV shunts T
- d. Acoustic neuroma F
- e. Vestibular neuronitis F

5. The following are danger signs in ENT

- a. Foul-smelling otorrhoea T
- b. Asymmetrical SNHL T
- c. Unilateral foul-smelling rhinorrhoea T
- d. Unilateral nasal blockage with epistaxis T
- e. Hoarseness of >3 weeks duration T

6. Blood stained ear discharge may be d/t

- a. Granulations T
- b. Polypoidal masses T
- c. Otomycosis F
- d. Malignancy in external or middle ear T
- e. Malignant otitis externa T

7. In metastatic cervical lymphadenopathy, the primary site of malignancy is common at

- a. Middle meatus of the nose F
- b. Eustachian tube opening F
- c. Pharyngeal tonsil T
- d. Vallecula T
- e. Pyriform fossa T

8. Regarding Ca larynx

- a. Supraglottic cancer is more frequent than glottis cancer F
- b. Subglottic ca is seen on epiglottis, false cord or aryepiglottic fold F
- c. Supraglottic ca invade locally & adjoining areas T
- d. Glottis ca metastases early to upper & middle jugular node F
- e. Supraglottic ca present with hoarseness of voice as the early symptom F

Paediatrics MCQs

1. Causes of convulsion in infant

- a. Hypocalcaemia T
- b. Hypokalaemia F
- c. Hypothermia F
- d. Hypophosphataemia F
- e. Hypoglycaemia T

2. 7 months old child can

- a. Sit aided T
- b. Walk up and down stairs F
- c. Grasp-hands in imitation
- d. Transfer cubes T
- e. Strange anxiety T

3. The following statements are true of a cerebral palsy

- a. There is progressive neurological deterioration F
- b. Mental retardation in more than 95% of cases of with trauma F
- c. Persistent asymmetrical reflex may be present in neonatal period F
- d. Convulsion rarely occur F
- e. Meningitis in infancy is a known cause T

4. Recognized features of Henoch Schonlein Purpura

- a. Maculopapular rash over the buttock T (purpuric)
- b. Arthritis F
- c. Prolonged pt F
- d. Haematuria T
- e. Generalized lymphadenopathy F

5. Hydrocephalus is a recognized complication of

- a. Intraventricular haemorrhage T
- b. Arnold Chiari malformation T
- c. Benign intracranial hypertension F
- d. Tuberculous meningitis T
- e. Megalocephaly

6. In B-thalassaemia major

- a. Reduced synthesis of B-globin chain T
- b. Haemoglobin F is increased T
- c. Haemoglobin A2 is decreased
- d. There is chronic haemolysis
- e. Peripheral blood film shows anisopoikilocytosis T

7. In infant of diabetic mother

- a. Higher risk for congenital anomalies T
- b. More prone to suffer from MD
- c. Increased frequency of hyperbilirubinaemia
- d. Associated with an increased incidence of birth trauma T
- e. Should be fed early to prevent hypoglycaemia T

8. Causes of hypotonia in infant

- a. Perinatal asphyxia
- b. Spinal muscular atrophy
- c. Myasthenia gravis
- d. Glycogen storage disease
- e. Prader-Willi syndrome

9. Characteristic of Haemophilia A

- a. Autosomal recessive inheritance F
- b. Prolonged aPTT T
- c. Normal bleeding time T
- d. Normal PT T
- e. Mucosal bleeding F

10. Causes of conjugated hyperbilirubinaemia

- a. Biliary atresia T
- b. Viral hepatitis T
- c. Dubin-Johnson syndrome
- d. G6PD deficiency F
- e. congenital spherocytosis F

11. In Idiopathic Thrombocytopenic Purpura

- a. Intracerebral haemorrhage is common T
- b. A preceding history of viral illness is present T
- c. Majority of patient's platelet count returned to normal within 3 months F
- d. Examination of bone marrow referred before starting steroid therapy
- e. No treatment if not serious or no mucosal bleeding T

12. Post streptococcal AGN

- a. Group A B-haemolytic streptococcal T
- b. Renal impairment occur T
- c. Antibody-antigen complex deposited at basement membrane T
- d. Mild to moderate proteinuria occur T
- e. Gross haematuria may persist for several months

13. X-linked recessive

- a. achondroplasia T
- b. microcephaly
- c. hemophilia T
- d. Down syndrome F
- e. Turner syndrome F

14. Live vaccine immunization

- a. Pertussis F
- b. Measles T
- c. BCG T
- d. Diphtheria F
- e. OPV T

15. Increased ICP

- a. bradycardia T
- b. arterial hypertension T
- c. bilateral CN6 palsy T
- d. projectile vomiting F
- e. headache T

16. Causes of unconjugated hyperbilirubinaemia

- a. ABO incompatibility
- b. Biliary atresia
- c. Crigler-Najjar Syndrome
- d. Physiological jaundice
- e. Hypothyroidism

17. Surfactant production is stimulated by

- a. Prolonged rupture of membrane
- b. Hypothermia
- c. Acidosis
- d. Corticosteroid
- e. Diabetic mother

18. Perforation of peptic ulcer

- A. Women are more affected than men F
- B. The incidence is decreasing T
- C. Perforation usually occurs on the ant surface of stomach F
- D. The patient is apyrexial F
- E. The patient is restless and agitated T

1. The following statements related to the pathophysiology of RDS are correct

- a) Increased lung compliance (F)
- b) Rt to Lt shunt occur in up to 70% of cases throughout PDA (F)
- c) 2,3 – DPG level low (F)

- d) Lung volume is decreased (F)
e) Hypoxia with low pH (T)
20. Recognized complications of surfactant therapy in RDS include
a) Pulmonary haemorrhage (T)
b) Increased incidence of bronchopulmonary dysplasia (F)
c) Increased incidence of PDA (T)
d) Increased oxygen requirement (F)
e) Infection (F)
21. Complications found more commonly in SGA infants than post term infant include
a) Meconium aspiration syndrome (F)
b) Pulmonary haemorrhage (T)
c) NEC (T)
d) Hypocalcaemia (T)
e) Rickets (F)
22. Characteristic features of Erb's palsy include
a) A lesion of C5, 6 (T)
b) Paralysis of the deltoid & brachioradialis muscle (T)
c) Abnormal grasp reflex (F)
d) Biceps & mono reflexes are absent on the affected side (T)
e) Respiratory distress maybe the presenting feature (T)
23. Complications of parenteral feeding in premature babies include
a) NEC (F)
b) Cholestasis (T)
c) Hyperglycemia (T)
d) Respiratory failure (F)
e) Sepsis (T)
24. Characteristic features of RDS include
a) Tachypnoea (T)
b) Inspiratory grunting (F)
c) Sternal, intercostals recession (T)
d) Peripheral cyanosis alone (F)
e) Air bronchogram on chest x-ray (T)
25. Features known to patient NEC include
a) Early feeding in preterm (T)
b) Polycythemia (T)
c) Breast milk (F)
d) Umbilical catheterization (T)
e) Perinatal asphyxia (T)
26. Diagnostic features of NEC include
a) Distended abdomen (F)
b) Tenderness sacral ring (F)
c) Intraabdominal gas in abdominal x-ray (T)
d) Subdiaphragmatic air (F)
e) Oedema of abdominal wall (T)
27. Birth asphyxia in newborn
a) Important cause of cerebral palsy (T)
b) Change on basis of Apgar (F)
c) Usually results from underlying fetal abnormality (F)
d) Indicate need for immediate intubation (F)
e) Associated with generalized seizure type (T)
28. Infant born to diabetic mother is more likely to have the following condition than the normal newborn
a) Congenital malformation (T)
b) Hyperglycemia (F)
c) Hypocalcaemia (T)
d) Hyperkalaemia (T)
e) Diabetes in later childhood (T)

29. The following physical characteristics are useful in determination of maturity in newborn

- a) Size of anterior fontanelle (F)
- b) Nipple formation (T)
- c) Creases on hand (F)
- d) Size of pupil (F)
- e) External genitalia (T)

30. Following reflexes are usually seen in 30 weeks gestation premature

- a) Papillary reaction (T)
- b) Head turn to light (F)
- c) Grasp reflex (T)
- d) Trunk incurvation on stroking the para vertebral area (T)
- e) Automatic walking reflex (F)

31. A 6-weeks-old baby boy presented with acute onset of recurrent vomiting for 3 days. His mother is concerned that he vomited large amount of undigested milk after each feeds. He seems to be interested in feeds, where he used to breast feed every 3 hours for 20 minutes each time. His stools are now a little more loose in consistency, but frequency remains 2-3 times a day as before. There is no associated fever or coryzal symptoms. What are your differential diagnosis?

- a. Gastro-oesophageal reflux (T)
- b. Pyloric stenosis (T)
- c. Cyclic vomiting syndrome (F)
- d. Migraine (F)
- e. AGE (T)

32. The indications of exchange transfusion include:

- a. Seizures due to hypocalcaemia (F)
- b. Severe polycythaemia leading to hypoglycaemia (T)
- c. Meningitis due to group B streptococci (F)
- d. Severe neonatal jaundice at risk of kernicterus (T)
- e. Severe jaundice due to haemolysis despite phototherapy (T)

33. The indication of invasive ventilation include:

- a. When bag and mask ventilation is insufficient (T)
- b. For prolonged positive pressure ventilation (T)
- c. The child is still wheezy despite one attempt of nebulised salbutamol (F)
- d. Congenital diaphragmatic hernia (T)
- e. The child is having tachycardia of 220bpm (F)

34. Which of the following is true regarding second heart sound in children?

- a. It is associated with the closure of mitral and aortic valves (F)
- b. Physiological splitting of 2nd heart sound is due to delayed closure of aortic valve after pulmonary valve closure (F)
- c. Single second heart sound is heard in pulmonary atresia (T)
- d. Second heart sound is widely split in aortic stenosis (F)
- e. Second heart sound is muffled in pulmonary hypertension (F)

35. Which of the following statement is/ are true regarding innocent murmur?

- a. There is no associated symptoms with innocent heart murmur (T)
- b. Innocent murmur is heard mostly in children between 3-7 years old (T)
- c. Innocent murmur may have associated thrills, especially when the child is having fever (F)
- d. The intensity of the murmur may change with posture (T)
- e. Although most innocent murmurs are systolic, they may have occasional diastolic component (F)

36. Which of the following is/ are major criteria for the diagnosis of initial attack of Rheumatic fever based Jones criteria?

- a. Carditis (T)
- b. Chorea (T)
- c. Arthralgia (F)
- d. Erythema nodosum (F)
- e. Subcutaneous nodules (T)

37. Which of the following statement is/ are true regarding lumbar puncture?

- a. Headache after LP is commoner in adults in comparison to children (T)
- b. The landmark for infant is at vertebrae L3-4 (T)
- c. Always take a random blood sugar to compare with CSF sugar (T)
- d. A history of epilepsy is a contra-indication (F)

e.Evidence of raised increased intracranial pressure is a contra-indication (T)

38. Which of the following components are included in UNCRC articles?

- a.Children participation in decision making concerning their health (T)
- b.Pain control during medical procedures (T)
- c.Access to health information (T)
- d.Children with disabilities should have equal access to health services (T)
- e.Age-appropriate environment in the hospital setting (T)

39. A 6 years old girl was referred by her teacher as she does not seem to pay attention in the class. What are your differential diagnosis?

- a.Hypocalcaemia tetany (F)
- b.Dyslexia (T)
- c.Absence seizures (T)
- d.Attention deficit disorder (T)
- e.Complex partial seizures (T)

40. Which of the following statements is/ are true regarding the normal cardiopulmonary changes after birth?

- a.Flow of oxygenated blood across the patent ductus arteriosus causes it to close (T)
- b.Pulmonary vascular resistance increases (F)
- c.Fetal lung fluid is re-absorbed (T)
- d.Blood flow across the foramen ovale increases in the first few hours of life compared to fetal life (F)
- e.Increased left atrial filling occurs (T)

41. The complications of chest tube insertion include:

- a.Subcutaneous emphysema (T)
- b.Blunt injury to nearby organs. (T)
- c.Infection (T)
- d.Generalised seizures (F)
- e.Intercostal nerve injury (T)

42. Which of the following symptoms/ signs would worry you when you assess a 10-months-old baby, born term with no previous hospital admission?

- a.He prefer to use his right hand (T)
- b.He can only sit with support (T)
- c.He started crying as soon as you approach him (F)
- d.He does not turn to sound when called (T)
- e.He can transfer object from one hand to another (F)

43. Which of the following statement is/ are true about assessment of hydration status in a child?

- a.If the frequency of vomitting is more than 5 times a day, the child is said to have severe dehydration F
- b.The child may have severe dehydration if capillary refill time is >2 seconds T
- c.Skin turgor is a reliable assessment in a child with severe malnutrition F
- d.Skin turgor is said to be reduced if the skin return slowly after being pinched at the abdomen T
- e.Sunken eyes can be present in a child with no dehydration F

44. Please choose the possible complications of Henoch Schonlein Purpura:

- a.Arthritis (T)
- b.Generalised seizures (T)
- c.Bowel perforation (T)
- d.Intussusception (T)
- e.Acute renal failure (T)

45. Which of the following statements is/ are true regarding thalasaemia major?

- a.In Beta-thalasaemia major, the HbA2 concentration is reduced
- b.The beta-thalasaemia severity depends on the amount of HbA and HbF present
- c.In thalasaemia, the structure of the globin is abnormal
- d.The inheritance pattern of thalasaemia is autosomal dominantMonthly hypertransfusion regime is the major part of management

46. Which of the following vaccines are not live vaccines?

- a.MMR (T)
- b.Hepatitis B (T)
- c.Rotarix (F)
- d.DPT (T)
- e.BCG (F)

Live attenuated vaccines include: BCG, Rotarix & Rotateq, Oral typhoid, Oral polio (replaced by IPV now)

47. Which of the following statements about malignancy disease is/ are true?

- a. Leukaemia is the commonest malignancy in childhood (T)
- b. Malignancy is the commonest cause of death in children above 1 years old (F)
- c. Girls with acute lymphoblastic leukaemia has worse outcome than boys (F)
- d. Tumour lysis syndrome may occur before initiation of chemotherapy (T)
- e. Infertility is recognised side effect of the chemotherapy (T)

48. Which of the following statements is/ are true about dengue infection?

- a. Total white cell count in patient with dengue infection may be reduced or increased T
- b. Dengue infection may be asymptomatic T
- c. Dengue infection is caused by Dengue virus, which belongs to Bunyaviridae family F
- d. There are four serotypes of dengue viruses T
- e. There may be thrombocytosis associated with coronary artery aneurysm F

49. The content of oral rehydration salt include:

- a. Sodium T
- b. Dextrose T
- c. Chloride T
- d. Citrate T
- e. Calcium F [Potassium is also included]

50. Which of the following statements regarding immune thrombocytopenic purpura (ITP) is/ are true?

- a. Most patients recover within a few weeks T
- b. The most serious complication is intracranial haemorrhage T
- c. All children should be treated with steroid F
- d. All children should be given platelet infusion F
- e. It is usually preceded with upper respiratory symptoms T

51. WHO case definition of dengue haemorrhagic fever include:

- a. Positive hess test T
- b. Thrombocytopenia T
- c. Splenomegaly F
- d. High grade fever continuously for 2-7 days duration T
- e. Haemoconcentration (Hct >20% relative to baseline) T

52. Which of the following features may be present in a child with newly diagnosed congenital hypothyroidism?

- a. feeding problems T
- b. seizures F
- c. umbilical hernia T
- d. dry skin T
- e. apnoea episodes T

53. Which of the following statements about haemoglobin is/ are true?

- a. HbF is replaced by HbA during the first year of life T
- b. Fetal haemoglobin (HbF) has a higher oxygen affinity than adult haemoglobin T
- c. The red cell life span is shorter in the newborn period than adults T
- d. The haemoglobin concentration at birth is higher compared to adult T
- e. Beyond infancy, a raised HbF is consistent with the diagnosis of a haemoglobinopathy T

54. The complications that may present in a child with steroid dependent nephrotic syndrome and has been on prednisolone for the past 12 months:

- a. truncal obesity T
- b. short stature T
- c. weight loss F
- d. cataract T
- e. glaucoma T

55. Which of the following symptoms could be presenting problems of childhood hyperthyroidism?

- a. palpitations T
- b. insomnia T
- c. cold intolerance F
- d. learning difficulty T
- e. Raynaud phenomenon F

56. A 2 years old boy was admitted to Paediatric ward with relapsed nephrotic syndrome. He was started on prednisolone. 3 days later, he developed acute abdominal pain. What could be the cause of his pain?

- a. steroid-related gastritis T
- b. peritonitis T [The child could develop bacterial peritonitis]
- c. hypertensive crisis F
- d. acute pancreatitis F
- e. hypovolaemia due to fluid maldistribution T

57. Which of the following complications may be seen in a premature baby born at 28 weeks' gestation during the first 12 hours of life?

- a. RDS (T)
- b. CLD (F)
- c. Hypothermia (T)
- d. Nosocomial infection (F)
- e. Hypoglycaemia (T)

MCQ Extra (Set 1)

1) A 40 yo lady presented with 4 month history of symmetrical small joint pain ass with morning stiffness. PE shown swelling of the proximal phalangeal joint and wrist bilaterally. Movement was limited

- A. The likely diagnosis is rheumatoid arthritis T
- B. osteoarthritis also presented with prolonged morning stiffness F
- C. Carpel tunnel syndrome is complication T
- D. Negative rheumatoid factor exclude the diagnosis of RA F
- E. she should encouraged to do exercise T

2. A 50-year-old gentleman presented with acute, severe pain at the first right metatarsophalangeal joint. There are also swollen and redness of the joint.

- A. The likely diagnosis is gouty arthritis. (T)
- B. Tophi are due to urate crystal deposition. (T)
- C. Excess beer consumption is a precipitating factor. (T)
- D. Joint aspiration show positive birefringent rhomboid shaped crystals under polarized light microscopy. (F)
- E. Allopurinol start during acute to prevent further attack. (F)

3) UTI

- A. Occur in male is usually due to prostate hypertrophy. T
- B. can be source of life threatening Gram negative septicaemia. T
- C. Relapse mean reinfection F
- D. Dipstick can detect the bacteria F
- E. Dysuria is seen in pyelonephritis F

4. Regarding acute renal failure

- A. Dehydration is a possible cause. T
- B. Severe anemia is likely to be presented. F
- C. Confirmed by elevated urea concentration in blood. F
- D. Hyperkalemia is recognized complication. T
- E. Another likely complication is pulmonary oedema. T

5) Bronchiectasis

- A) sputum is scanty F
- B) normally affect lower lobe T
- C postural drainage is beneficial T
- D) CT scan is diagnostic T
- E) Reduced breath sound at affected side T

6. Regarding pneumothorax

- A. common cause is PTB T
- B. reduced breath sounds on affected side T
- C. increased chest expansion on inspiration F
- D. tension pneumothorax, if left untreated, is fatal T
- E. horizontal air fluid level indicates hydropneumothorax T

7. Regarding jaundice

- A Jaundice within 24 hours of life is always pathological T
- B One of the choices of treatment of high bilirubin level is exchange transfusion T
- C A child born with jaundice can be caused by congenital infection
- D Breastfeeding jaundice caused by the content of the milk that had gluconidase. T

8. regarding bone metastasis..

- A) 5% of pt with malignancy will develop bone metastasis
- B) prostate cancer is commonly metastasize to bone in male T
- C) Radiography will show early features of bone metastasis T
- D) Prostate Ca cause osteosclerotic T

9. Differential diagnosis for anaemia in elderly man with low WBC, very low platelet and low Hb are

- A. Myelofibrosis,
- B. NHL,
- C. disseminated TB,
- D. aplastic A,
- E. Hypersplenism

10. Asthma
- A. Atopy is pathognomic
 - B. Ipratoprium bromide is used in the treatment
 - C. When starting in childhood is intrinsic
11. Nephrotic Syndrome
- A. Minimal change is commonest cause in adults
 - B. catabolism of protein is decreased
 - C. loin pain signifies thrombosis of renal vein.
12. Non- Hodgkin's Lymphoma
- A. extranodular spread is more common than hodgkin's lymphoma
 - B. systemic symptoms important in the prognosis of the disease
 - C. low grade tumour more curable than high grade tumour
 - D. staging should be done by BMA and trephine
13. Menorrhagia
- a.Heavy and frequent period.
 - b.Uterine fibroid
 - c.Adenomyosis
 - d.Associated with anovulatory cycle
- 14 .Folate deficiency.
- a.Associated with peripheral neuropathy
 - b.Causing subacute combine degeneration of the spinal cord.
 - c.Schilling's test to confirm the diagnosis
 - d.Body store can maintain up to 2 years
- 15.Regarding antepartum haemorrhage:
- a.Vasa praevia is easily diagnosed
 - b.Defined as > 500ml after 24 weeks POA
 - c.Most abruption placenta manage conservatively
 - d.Bleeding during second stage of labor in considered
16. Multiple pregnancy
- A. Congenital anomalies are more common in monochorionic twin than dichorionic twin
 - B. Chorionicity does not affect pregnancy outcome
 - C. The incidence is increasing nowadays
 - D. Risk for pre-term labour
17. HIV in pregnancy
- A. It is a DNA virus
 - B. Mother to child transmission is higher in first trimester
 - C. It is advisable to all mother who have HIV to receive antiviral therapy
 - D. Caesarean section reduce the risk of transmission
18. Miscarriage
- A. Smoking is one of the cause
 - B. Chromosomal abnormalities is the commonest cause of second trimester miscarriage
 - C. The best management for 16 weeks missed miscarriage is dilation and curettage
 - D. Uterine perforation can be the complication for doing it.
- 19) CTG
- A. Is a continuous tracing of fetal heart rate and uterine contraction
 - B. The baseline heart rate is 110-130 beats per min
 - C. Deceleration is transient reduce in heart beat of 10 beats for more than 10 seconds
 - D. The baseline heart rate of 160 beats per min is common in 30 weeks of gestation
20. ECT
- a. More suitable in elderly compared to TCA
 - b. Pregnancy is a relative contraindication
 - c. Short-acting anaesthesia is for rapid onset of seizure
21. Patient was fired from job 2 months Loss interest in life, Sleep problems, Loss of appetite. What are the possible psychiatric problems he might be experiencing.
- A. Post-traumatic Stress disorder

- B. Adjustment Disorder
- C. Depression
- D. Bipolar disorder

22. Hepatitis C

- a. Haemodialysis has high chances to have infection
- b. 50% after infection is a chronic carrier
- c. HCC occurs after liver cirrhosis
- d. associated with porphyria cutanea tarda

23. commonest cause of septal perforation is:

- a) trauma T
- b) syphilis
- c) lupus
- d) blood disease

24. Which of the following is true of tear film?

- A. Lipid layer is the innermost F
- B. Aqueous layer is the thickest T
- C. The break-up-time is more than 10 seconds
- D. The mucin layer is secreted by Meibomian glands F

25. Hyphaema

- A. The best treatment by giving intravitreal antibiotics F
- B. Hyphaema in anterior chamber resolves faster than in posterior chamber
- C. For Grade IV requires surgical to drain the hyphaema out

26. The advantage(s) of direct ophthalmoscope over indirect ophthalmoscope

- A. It is cheaper T
- B. Enable to view retinal thickening because of large visual field F
- C. Only has horizontal inversion compared to both horizontal and vertical inversions in indirect ophthalmoscope
- D. It is lighter and more portable T

27. Risk factors for CRVO

- A. Diabetes T
- B. Hypertension T
- C. Vasculitis T
- D. Polycythemia T

28. diabetes

- A recommended HbA1c in Malaysia <7.5% F
- B ACE-I recommended for diabetes with microalbuminuria even if BP normal T
- C type II eventually will need insulin T
- D obesity is a risk factor T

29. Fall

- A is common and normal in elderly T
- B neurocardiovascular causes are recognized T
- C can be reduced by occupational therapy T

30. Asthma

- A. Atopy is pathognomic
- B. Ipratropium bromide is used in the treatment
- C. When starting in childhood is intrinsic

31. Nephrotic Syndrome

- A. Minimal change is commonest cause in adults
- B. catabolism of protein is decreased
- C. loin pain signifies thrombosis of renal vein.

32. renal biopsy contraindicated if

- A diabetic glomerulonephropathy T
- B hydronephrosis F
- C fibrotic kidney T
- D large renal cyst F

33. Non- Hodgkin's Lymphoma

- A. extranodular spread is more common than hodgkin's lymphoma
- B. systemic symptoms important in the prognosis of the disease
- C. low grade tumour more curable than high grade tumour
- D. staging should be done by BMA and trephine

34. CVS examination in child

- A blood pressure should be measured in arm only F
- B S1 best heard at apex F
- C pan-systolic murmur in aortic regurgitation F
- D splitting of S2 increase on inspiration T

35. pneumonia

- A admission required regardless of severity if child <3 months old T
- B bacterial pneumonia reliably diagnosed by x-ray and fever F
- C streptococcus pneumonia common in newborn F
- D mild cases do not need x-ray T

36. Endometrial ca

- A obesity T
- B atypical hyperplasia T
- C early menopause F
- D intrauterine contraceptive device F

37. Regarding the gravida and parity:

- A Gravida means the number of pregnancy in the previous and the currently one should be excluded. F
- B Parity means the number of fetus that have been delivered after 20 weeks of gestati
- C A pregnant woman can have G2P3 F
- D They are not clinically important F

38. Regarding the perinatal death:

- A It includes all the delivery with stillbirth. F
- B It includes all the fetal death after one month of life. T
- C It is common in the social group of class 4 and class 5.
- D The incidence is 1 in 1000. F

39. Which of the following are correct relations:

- A Lie Tranverse T
- B Presentation Shoulder T
- C Position Flexed F
- D Station relation to ischial spine T

40. The following is/are risk factor of gestational diabetes mellitus:

- A The maternal age is less than 18 age old. F
- B The mother had family history of diabetes mellitus T
- C The maternal had history of recurrent miscarriage. T
- D The maternal had body mass index more than 25. F

41. Regarding breech presentation,

- A Footling breech has highest incidence of cord prolapsed
- B The incidence of breech at term is about 4%
- C It is mandatory for LSCS in extended breech
- D Vaginal breech delivery 4 fold risk of perinatal mortality compared to vertex vaginal delivery

42. Causes of preterm labor

- a. Grand multipara T
- b. Asymptomatic bacteriuria F
- c. Multiple pregnancy T
- d. Bacterial vaginosis T

43. cervical spine trauma

- A widening of interspinous gap indicative of anterior dislocation T
- B Jefferson is fracture of C1 ring T
- C Hangman is C3 fracture F
- D odontoid fracture prone to non-union F

44. lithium
 a)metabolize by liver F
 b)excreted in bile F
 c)cross placenta T
 d)prior medication do ECG T
45. Regarding Meningococcal Septocaemia,
 A.Neisseria meningitidis is carried in the naso-pharynx.
 B.Neisseria Meningitidis is a Gram negative diplococcus.
 C.DIVC is a feature
46. Antibiotic prophylaxis is needed in
 A.VSD with Eisenmenger syndrome
 B.ASD
 C.MVP
 D.MR with prosthetic valve
47. Acute Renal Failure
 A.Causes can be divided into pre-renal, renal and post-renal
 B. Often present with normocytic normochromic anemia
 C.Characterised by tertiary hypoparathyroidism
 D.Urine urea/creatinine ratio increase indicate hypovolemia as a cause
48. Regarding Nephrotic Syndrome
 A.Post-Streptococcal glomerulonephritis is a cause
 B.Sentinel biopsy is usually required in children
 C.Most common infection in children is due to bacterial peritonitis
 D.Those who relapse within 28 days after stopping steroid is called steroid resistant nephrotic syndrome
49. Obsessional thoughts
 A.Sometimes try to resist it
 B.Comes from outside the head
 C.Patient knows its outcome
50. Difficult intubation
 A.Mallapatti IV
 B.Interdental space more than 6cm
 C.Edentulous teeth
 D.Deviated nasal septum
51. Extra-pyramidal side effects
 A.Occurs when there is more than 60% dopamine receptor blocked
 B.Blocks the nigra pathway
 C.Block serotonin antagonist
 D.Block the mesocortical pathway
52. Congenital hypothyroidism
 A.Prolonged physiological jaundice
 B.Cardiomegaly
 C.Difficult feeding
 D.Inguinal Hernia
53. Smoking (scenario: man, 40+ years old, came to the polyclinic, tried to quit smoking, tried nicotine patch too, but failed.)
 A.At the contemplation stage
 B.Identify reason for last attempt to quit smoking
 C.Do not tell the friends because it might cause failure in quitting smoking
54. Endometrial hyperplasia
 A.Very rare
 B.Occurs at all ages, including post-menopausal women
 C.Can occur in PCOS
 D.Can be asymptomatic
55. Post streptococcus acute glomerulonephritis
 A Is common in age less than 3 years old F

- B Haematuria is presented in all cases T
- C The level of C4 is low F
- D The child can present with shortness of breath due to pleural effusion F

56. Iron Deficiency Anaemia – in a patient who had undergone previous gastrectomy (after some years) but still has a picture of IDA, showing microcytic and hypochromic anaemia. What are the possible causes?

- A. Helminthic infestation
- B. Bleeding gastrectomy
- C. Poor diet

57. Regarding the ventricular septal defect:

- A Large VSD will showed left ventricular hypertrophy in the ECG T
- B Large VSD has less harsher murmur compared to small VSD T
- C Muscular VSD more likely spontaneously closure compared to membranous VSD F
- D VSD has complication of pulmonary hypertension due to increase pulmonary vascular resistance T

58 Gall stones can cause

- A Ileus T
- B Haematuria F
- C Jaundice T
- D Pancreatitis T
- E Carcinoma of gallbladder T

59 Regarding the rectal carcinoma

- A Chemotherapy is proven beneficial for Duke C F
- B Total mesorectal resection is proven reduce local recurrence T
- C Can be palpable through pre-rectal examination T

60 Preoperative preparation for patients with respiratory disorder

- A Should have done arterial blood gas and lung function test T
- B Should stop the inhaler on the day of operation F
- C Should involve breathing exercise F
- D Should involve physiotherapist T

MCQ Extra (Set 2)

- 1 Regarding dysfunctional uterine bleeding
A It can occur at any age
B May not resolve spontaneously
C All patients age more than 40 years old can be treated with progesterone only pills
D if happen more than 40 age old, needs hysteroscopy and DD&C
- 2) Regarding psoriasis
A. Silvery white-scaly skin
B. Associated with Koebner phenomenon
C. Usually seen at elderly and infant
- 3) A man comes to the orthopaedics clinic with complaint of mass over his right thigh for several months. On examination revealed a mass measured 10x8cm over his right thigh and not attach to the bone. Which of the following investigation(s) is/are appropriate for the diagnosis?
A. X-ray of his thigh (2 views)
B. CT scan of his thigh
C. MRI of his thigh
D. Bone scan
- 4 A 6 years old child came in with fever for three days, and currently developed seizure. He had developed deep comatose. He was intubated.
A Lumbar puncture is indicated for him. F
B antibiotic treatment should be started after the lumbar puncture result. F
C If persistent fever despite adequate antibiotic, it is probably due to subdural effusion T
- 5) Acute flaccid paralysis
a) poliomyelitis cause symmetrical neurological deficit F
b) Sciatic nerve is avoidable F
c) acute transverse myelitis T
d) steroid therapy hasten recovery, regardless of cause ??
- 6) Surgical condition in neonate/infant
a) duodenal atresia double bubble sign T
b) pyloric stenosis bile stained vomiting T
c) hirschsprung delay passing meconium T
d) oesophagus atresia oligohydramnions T
7. X, a 3y/o girl seen in the paed clinic as her mother was concerned that she had not started talking yet. She preferred to play by herself. If she was disturbed she went into a tantrum. She did not When there was a loud noise. She was able to go upstairs one foot per step. She would .. herself and keep rocking forward and backward. She had not been seen hugging her sister / any family members.
a) benefit from hearing and after audiological testing T
b) have ext. plantar response with exag. Tendon jerks. ?
c) CT confirms diagnosis F
d) ??? poor eye contact
8. Simple febrile fit
a. last less than 15 minutes T
b. focal neurological deficit F
c. autosomal dominant F
9. Galactosemia
a. autosomal dominant
b. exacerbate by mother taking glucose
c. galactokinase enzyme has the most serious manifestation
d. diet can prevent
10. Acute bronchiolitis
a. antibiotic is mandatory F
b. ribavirin inhaler is beneficial F
c. RSV is the commonest organism T
d. Common in older children F
11. Congenital adrenal hyperplasia

- a. 21-OH deficiency is the commonest cause T
- b. Can be associated with hypertension T
- c. 17-OH progesterone is elevated T
- d. Cortisol is reduced T

12. Precocious puberty

- a. more common in boy than girl F
- b. usually idiopathic
- c. delayed bone age F
- d. short stature in adulthood T

14. A neonate with sepsis may manifest with

- a. Hypothermia
- b. Neutrophilia
- c. Alkalosis

15. Infant of diabetic mother

- a. Hyperbilirubinaemia
- b. Polycythaemia
- c. Hyaline membrane disease
- d. Hypoglycemia

16. Barrets oesophagus

- A. A congenital disorder F
- B. a/w gastro-oesophageal reflux T
- C. Characterized by salmon red patches replace the white squamous lining on endoscopy T
- D. Not a pre malignant F
- E. A squamous metaplasia of oesophagus F

17) IV induction agents

- a) thiopentone sodium
- b) sodium bicarbonate
- c) propofol
- d) ketamine

18) regarding GOO,

- a) benign obstruction is commoner than malignancy nowadays
- b) electrolyte abnormality is more pronounced in malignancy
- c) associated with hypokalaemia hypochloraemic metabolic acidosis

19 Regarding osteoarthritis:

- A The systemic manifestations a late state of this disease. F F
- B Physiotherapy can reduce the pain. T F
- C It affects lateral compartment more commonly. F F
- D Bouchard node is a common feature. F F

20 The following features are suggested of Tuberculosis arthritis

- A Multiple joint involvement F F
- B Doughy sensation on knee palpation T
- C In the late stage, it can present with capsular fibrosis. T
- D Chronic course of illness T T
- E Muscle wasting T T

21) Hallucinations

- a) occur frequently in alcoholic hallucinosis
- b) visual hallucinations commonly occur in delirium tremens
- c) can happen in normal state
- d) most common symptoms in affective disorder

22 Symptoms and signs to suspect inborn error of metabolism:

- A Hypoglycaemia T
- B failure to thrive T
- C growth retardation T
- D developmental delay T

23 A 6 years old child came in with fever for three days, and currently developed seizure. He had developed deep

comatose. He was intubated.

- A Lumbar puncture is indicated for him. F
- B antibiotic treatment should be started after the lumbar puncture result. F
- C If there is persistent fever despite adequate antibiotic, it is probably due to subdural effusion T

24. Endocrine response of the metabolic response to trauma is characterized by increased secretion of

- A Adrenaline T
- B Insulin F
- C Testosterone F
- D Adrenocorticotrophic hormone T
- E ADH T

25 The following are the risk factor for vagina candidiasis:

- A The gestational diabetes mellitus patients. T
- B The immunosuppression person. T
- C The prolonged use of broad spectrum antibiotic. F

26. Which of the following are true:

- a. Collection of evidence for bomb exploration from the center of ?
- b. pneumonitis is the most common cause of dead for near drowning T
- c. self lead bullet cause more severe damage than silver bullet
- d. cyanite is found in oil of bitter ointment T
- e. Dead due to salt water drowning is 4 time faster than fresh water F?

27. Hyporeninaemic hypoaldosteronism

- T A Can result in hyperkalaemia and hyperchloraemic metabolic acidosis.
- T B Diabetic nephropathy and tubulointerstitial diseases of the kidney are known causes – impairment of the juxtaglomerular apparatus.
- T D NSAIDS, ACE inhibitors, betablockers cause hypoaldosteronism

28. entomology

- a. woundaring phase also known as pre-pupa T
- b. growth of maggot depend on temperature T
- c. insect----climact T
- d. maggot appear----during dry stage decomposition F
- e. pupa is eating phase F

29. Regarding the pre-operative assessment

- A The assessment is only carried out by surgical team that is going to operate on patient. F
- B Time/duration of preparation/assessment depends on urgency of operation F
- C Estimation of fasting blood sugar is done for diabetic patient. T
- D Electrocardiogram is done for all patients F

30 Regarding supracondylar fracture of humerus

- A. Common in upper limb fracture in children below 8 years old T
- B. Posterior displacement of distal segment T.
- C. Valgus deformity more common than varus F
- D. Use Garden classification F

31. Regarding trigger finger,

- A. Usually is caused by thickening of the tendon sheath extensor(FLEXOR) F
- B. Triggering occurs when flexing the fingers F
- C. Usually affects the ring and middle finger T
- D. Tender nodules can be felt T.

32. nutritional deficiency attributable to alcoholic cirrhosis include

- A. Vitamin K T
- B. Vitamin B12 T
- C. Folate T
- D. Sodium F
- E. Protein calorie malnutrition T

33. Factors that causing thrombophilia

- A) Increase in plasma protein concentration
- B) High dose of diuretic therapy
- C) Concomitant use of antibiotics

34. Gastric carcinoma

- A) Metaplastic polyp has malignant potential F
- B) Atrophic gastritis is a risk factor T
- C) Helicobacter pylori is a cause of distal gastric ca T

35. Factors that causing thrombophilia

- A) Increase in plasma protein concentration
- B) High dose of diuretic therapy
- C) Concomitant use of antibiotics

36. Regarding bilirubin metabolism

- A. Bilirubin conjugation is catalysed by alpha glucoronyl transferase T
- B. Unconjugated bilirubin is water soluble F
- C. Impaired bilirubin conjugation is Dubin-Johnson syndrome F
- D. Pruritus is characteristic of cholestatic jaundice T
- E. Increased reticulocyte count in haemolytic jaundice T

37 Regarding the heart disease in pregnancy:

- A The commonest cause is due to congenital heart disease. F
- B It had high risk to develop heart failure during pregnancy.T
- C All the patient with heart disease should be electively sent for LSCS. F
- D All the patient with congenital heart disease is not allowed to have 40 weeks of gestation. F

38 Anaemia in pregnancy according to WHO is/are:

- A The haemoglobin level is or less than 10 g/dL. T
- B It can be caused by multiple pregnancy T
- C It can be caused by intestinal hookworm. T
- D The commonest cause is due to vitamin B deficiency. F

39. Uterine fibroid is

- a) polypoidal associated with menorrhagia F
- b) hyaline degeneration occurs in pregnancy F
- c) Distort the uterine cavity leads to infertility T

40. Monochorionic twin associated with

- a) TTTS T
- b) Locked twin T
- c) cord entanglement T

41. HRT is contraindicated in

- a) gallbladder stones patient F
- b) breast ca T
- c) HPT T

42) Regarding Pre eclampsia:

- A) Increase in plasma volume
- B) Increase in CVP?
- C) Increase in peripheral resistance
- D) Coagulopathy

43) Cardiac disease in pregnancy:

- A) Should be induced at 38 weeks
- B) Congenital heart disease more common
- C) NYHA good in predicting the outcome

44) After delivery:

- A) If vulva hematoma need incision to prevent abscess?
- B) After labour, need oxytocin in higher concentration than IOL
- C) IF involve in 3rd degree anal sphincter, sure have rectal incontinence if immediate suture

45) UV prolapsed

- A) Cystocele due to pubo- vesical cervical fascia
- B) Sacrohysteroplexy is via vaginal
- C) 2nd degree on straining is seen in vagina

46) Primary amenorrhoea

- A) Due to uterine didelphys
 B) Due to testicular feminization
 C) Due to imperforate hymen
- 47) Regarding Menopause
 A) Increase in GnRH
 B) Increase in FSH
 C) Decrease in LH
 D) Reduce effect of ovary on estrogen
- 48) Bicornuate uterus
 A) Post term
 B) Breech
 C) Macrosomia
- 49) Indication to LSCS IN breech
 A) extended
 B) birth weight ≥ 2.5 or >3.8
 C) multiparous
 D) previous scar
50. Breech presentation
 A) Breech extraction is contraindicated in singleton . T
 B) Primigravida is contraindicated for trial of labour. F
 C) Footling is indicated for LSCS. T
 D) Cord prolapse is highest incidence in flexed breech. F
51. Shoulder dystocia
 A) Is common in primigravida. T
 B) Is common in anencephaly fetus T
 C) Is associated with abnormal first stage F
 D) Internal rotation the fetus shoulder (Wood screw maneuver) to extract the post. Shoulder is the safest method F
52. antepartum haemorrhage
 a) is due to velamentous insertion of cord
 b) is due to cervical carcinoma
 c) is defined as bleeding of genital tract during pregnancy
 d) is painless
53. Benign cystic ovarian teratoma (dermoid cyst)
 A: Immature teratoma F
 B: Consist of mesoderm, ectoderm and endoderm T
 C: Bilateral in 10 % of patient T
 D: Cystectomy is the most appropriate treatment T
54. Progesterone only pill
 A: Contraindicated in women with age >35 F
 B: Contraindicated in lactating women F
 C: Suppress ovulation T
- 55 Regarding the development dysplasia of the hip:
 A Ortholani test is trying to dislocate the hip joint. F F
 B The Trendelenberg test is positive T T
 C The neonatal radiographic is diagnostic F F
 D Bilateral affected is more difficult to detect visually, as common to unilateral site T T
56. Which of the findings are associated with ankylosing spondylitis?
 A. Uveitis T
 B. Aortic regurgitation T
 C. Pleural effusion T
 D. Hepatomegaly ?F
57. The following are the features of neurofibromatosis
 A. Optic neuritis ?F
 B. Pseudoarthrosis of tibia ?F

- C.Scoliosis T
- D. Deafness due to cochlear neuroma T

58. Features of stiffness after a period of rest and in the early morning suggest

- A.Osteoarthritis T
- B.Rheumatoid arthritis T
- C.Gout F
- D.Ankylosing spondylitis T

59. Which of the following is true of cervical myelopathy?

- A.Loss of perianal sensation?F
- B.Increase in anal tone ?F
- C.Constipation T
- D.Urinary retention T

60 Regarding the gout:

- A The serum level more than 360mg/dL (or 0.68 mmol/L) is considered as hyperuricaemia
- B It is more commonly affected the knee joint
- C It is commonly due to reduce excretion, rather than increase in intake.

MCQ Extra (Set 3)

- 1 The common conditions that have high risk to develop compartment syndrome:
A Open fracture grade I at the humerus
B Open fracture Grade IIIB at the tibia
C Laceration wound
- 2 The following may indicate limb length discrepancy:
A Trendelenburg's sign
B Galezzi's sign
C Postural scoliosis
- 3 The complications of Colles' fracture:
A Acute carpal tunnel syndrome
B Chronic carpal tunnel syndrome
C Rupture of extensor pollicis longus
D Sudeck's atrophy
- 4 Regarding the congenital talipes equinovarus:
A The conservative treatment will always fail
B It is associated with forefoot abduction
C It can be successfully treated by surgery
- 5 Diabetic foot:
A The denervated skin is slim, smooth and
B The best management of Wagner classification III is the wound debridement and antibiotic.
C The ABI < 0.6 indicate severe condition.
D The gangrene of it is best treated by revascularisation.
- 6 Carpal tunnel syndrome
A It can be due to the compression of nerve at Guyon tunnel.
B It is associated with thenar muscle wasting
C Tinel sign may or may not be positive
- 7 Regarding the osteomyelitis
A The common pathogen is staphylococcus aureus
B It originates at the physis plate
C The dead bone is called involucrum.
D It is more commonly due to haematogenous spread.
- 8 The signs of fat embolism include
A Tachycardia
B Acute pulmonary oedema
C Hyperpyrexia
D Hypotension
- 9 Regarding the posterior hip dislocation:
A Is more common than the anterior dislocation
B Is commonly associated with distal femoral injury
C It is needed to be operated emergency.
D It can affect the femoral nerve
- 10 Factors contribute to deep vein thrombosis:
B Lack of muscle activity
C Dehydration
D Thrombocytopenia
- 11 Regarding the spinal shock:
A It is presented with hypotension and bradycardia
B The reflexes below the affected segment will reduce or absent
C The bulbocavernosus reflex indicate the early recovery.
- 12 In children
A The bone is soft
B The fracture of the humerus will always "greenstick" fracture

C The dislocation is more common than fracture.

13) Regarding triggering finger

- A. due to thickening of tendon sheath
- B. Triggers when finger is flexed
- C. Common on middle and index fingers
- D. Nodule palpable in front of fibrous sheath.

14) Regarding fibrous dysplasia

- A. More than 1 joint is involved
- B. Has ground-glass appearance
- C. Polyostosis has no malignant tendency.

15) Regarding Slipped Upper Femoral Epiphyses (SUFE)

- A. More common in females than males
- B. On examination, flexion of the hip will have
- C. Physeal disruption will help to promote fusion
- D. Bilateral occurrence is high in endocrinal abnormality.

16. Back pain

- A. 90% resolved with conservative management T
- B. Loss of bladder control is treated conservatively – treatment surgically F
- C. Loss of vertebral pedicles is suggestive of bone metastasis T

17. Compartment syndrome

- a. Excluded when pulse present. F
- b. significant morbidity. T
- c. Rx is open fasciotomy. T
- d. Rx is just elevate the leg. F

18. Gout

- a. young females is common. F
- b. diagnosis if doubt by finding birefringent crystal in synovial fluid. T
- c. allopurinol given in acute stage. F
- d. Acute gout can be confused with septic arthritis. T

19. septic arthritis of hip

- a) may present as pseudoparalysis of limb T
- b) should be treated arthrotomy and washout T
- c) the most common org is e.coli F (staph aureus)
- d) is frequently missed in neonatal period T

20. Osteomyelitis in children

- a) Frequently present with x-ray changes F (after 10 days)
- b) May result growth disturbance T
- c) Initially treated with oral antibiotic F (iv)
- d) Blood culture are positive in up to 50% children T

21. Children bone differ from adult bone

- a) Bone cortices are more dense F (> #)
- b) Heal > quickly T
- c) > resistant to trauma than ligament. F (# > dis)
- d) thinner periosteum F (not easy dis, heal better)

22. acute complication of supracondylar fracture

- a) cubital varus F (late)
- b) compartment syndrome T
- c) median nerve injury-ant. Interosseous T
- d) damage to axillary artery F

23. long term complication of supracondylar #

- a) AVN of radial head F
- b) High incidence of nonunion F (mostly union)
- c) Volkmann's ischemic contracture T
- d) Cubital valgus T (but varus > common)

24. Treatment for displaced supracondylar # are
- a) Closed reduction and percutaneous pinning T T
 - b) Open reduction and pinning T
 - c) Reduction and application of a long arm POP F (↑ compartment. syndrome)
 - d) Straight lat arm traction T
25. femoral # in child diff from adult
- a) they are the most common # in children F
 - b) usually treated surgically F
 - a) heal > quickly T
 - b) they can result in bony outgrowth in healing T
26. Polytraumatised children diff from adult in that
- a) They have a better prognosis following head injury T
 - B) fracture do not require early stabilization F
 - c) they are at greater risk of fat embolism F
 - d) generally do not require anticoagulation T
27. injury to the growth plate may result in
- a) bone overgrowth F (never overgrowth)
 - b) nonunion T
 - c) premature growth arrest T
 - d) angular deformity T
28. septic arthritis
- a) ESR is commonly raised T
 - b) Biopsy needle aspiration should be performed T
 - c) Can be secondary to primary OM T
 - d) Hip is the most commonly affected joint F (knee-adult, hip-child)
29. Carpal tunnel syndrome
- a. T Nocturnal symptoms are frequently awaken patient from sleeps
 - b. F Causes weakness of hypothenar muscle
 - c. F Frequent complaint is numbness of 3 and ½ ulnar fingers
 - d. F As the results of ulnar nerve compression at wrist level (Guyon's tunnel syndrome ulnar nerve)
30. Open fractures
- a. F Will only need antibiotics (+ debridement)
 - b. T Are considered minor injuries
 - c. T Always communicate with the environment
 - d. F Will only need immobilization (+ external fixation)
31. Contamination and subsequent infection of open fracture
- a. F Increase with use of stable fixation
 - b. F Has no relation to wound size (internal fixation can be used in type 1 open fracture)
 - c. T Is reduced by formal debridement and irrigation
 - d. F Increase in the 1st 6 hours (no treatment after 8 hours, will ↑risk for infection)
32. Which condition can present with a painful limb
- a. F Ricket (tetany, convulsion, flaccid)
 - b. T Acute appendicitis (presentation very rare)
 - c. T Pelvic osteomyelitis
 - d. T Perthe's disease
33. septic arthritis of the hip
- a. T may present as a pseudoparalysis of the limb
 - b. T should be treated with arthrotomy and washout
 - c. F the commonest organism is E.coli
 - d. T is frequently missed in the neonatal patient
34. Osteomyelitis in children
- a. F Frequently presented in X-ray change
 - b. T May result in growth disturbance
 - c. F Should initially be treated with oral antibiotic
 - d. T Blood cultures are positive in up to 50% of children

35. septic arthritis

- A. T ESR is commonly raised
- b.T Diagnostic needle aspiration should be performed
- c.T Can be secondary to primary OM
- d.F hip is the most common affected joint (in infant; in adult, knee)

36. Acute complication of a supracondylar fracture include:

- a.F Cubitus varus (late complication)
- b.T Compartment syndrome
- c.T Median nerve injury
- d.F Damage to the axillary artery

37. cauda equina syndrome

- a.T is a large midline the herniation compress several roots of the cauda equine
- b.T occurs in only 2% of patients with a herniated disc (2-6%)
- c.F should not be treated with surgical option
- d.F commonly affected herniation of disc at L1/L2 level (L4/L5 disc)

38 Regarding Disinfectants

- A It can kill mycobacterium and spores F
- B The process is boiling the water at 2 atmosphere for 5 minutes F
- C It Can be done by moist heat T
- D Methylated alcohol is classified as a mild disinfectant. T
- E 2% glucaradehyde is use for chemical disinfection of endoscopes. T

39. Perthe's disease

- A.) common in age 4-8 years old T
- B.) girls are commonly affected F
- C.) X-ray shows flattening of the epiphysis T
- D.) Prognosis poor if age less than 6 F

40. Simple febrile fit

- a.last less than 15 minutes T
- b.focal neurological deficit F
- c.autosomal dominant F

41. Galactosemia

- a.autosomal dominant
- b.exacerbate by mother taking glucose
- c.galactokinase enzyme has the most serious manifestation
- d.diet can prevent

42. Acute bronchiolitis

- a.antibiotic is mandatory F
- b.ribavirin inhaler is beneficial F
- c.RSV is the commonest organism T
- d.Common in older children F

43. Congenital adrenal hyperplasia

- a.21-OH deficiency is the commonest cause T
- b.Can be associated with hypertension T
- c.17-OH progesterone is elevated T
- d.Cortisol is reduced T

44. Precocious puberty

- a.more common in boy than girl F
- b.usually idiopathic
- c.delayed bone age F
- d.short stature in adulthood T

45. A neonate with sepsis may manifest with

- a.Hypothermia
- b.Neutrophilia
- c.Alkalosis

46. Following are ultrasound findings of acute cholecystitis

- A. Shrink gallbladder F
- B. Dilatation of biliary tree T
- C. Stone in gall bladder T
- D. Thicken gall bladder wall T
- E. Peri cholecystic fluid solution T

47. Blood transfusion reaction occur
- A Reaction between recipient serum and donor's blood (T)
 - B Manifested in first 30 minutes (T)
 - C Should be suspected in patient with loin pain (T)
 - D Thrombophelbitis of the infusion site (T)
 - E Can be manifested in anaesthetized patient (F?)

48. Reliable method for identification of an individual

- A. Dactylography T
- B. Anthropometry F
- C. Scars identification F
- D. Hand writing F
- E. DNA profiling T

49. Smothering can be happened if the victim is

- A. An infant T
- B. Disabled people T
- C. Under alcohol influence T
- D. An athlete adult man F
- E. A frail elderly woman T

50. Narcotic related death

- A. Paralysis of central nervous system F
- B. Lung: congested and edematous T
- C. Morphine present in bodily fluid T
- D. Presence of 6 monoacetylmorphine mean acute morphine toxicity F
- E. High level of morphine must be present F

51. Regarding taking consent for clinical forensic examination

- A. Consent can be taken by assisting nurse F
- B. Consent can be taken by police officer who in charge for the cause F
- C. Consent must be in written form T
- D. Patient can refuse from clinical forensic examination T
- E. Consent not needed for suspect to be examined for clinical forensic examination. F

52. Features which suggest non-accidental injury in child was

- A. Upper frenulum tear T
- B. Poor dental hygiene and dental carries F
- C. Fracture of extremities T
- D. Skull fracture and intracranial haemorrhage T
- E. Injury which is consistent with the child's developmental age. F

53. The condition that can mimic physical abuse in a 2 month child was

- A. URTI
- B. Mongolian spot T
- C. Folk medicine
- D. Impetigo
- E. Human bite mark

54. Abrasion

- A. Is the tear of tissue due to blunt force injury F
- B. Usually heals without significant scarring T
- C. Does not necessarily lie at the point of impact F
- D. Can be self inflicted T
- E. Is commonly seen in road traffic accident related fatalities. T

55. Septicemia in previously well adult

- A. Skin- Staphylococcus Aureus T
- B. Urinary tract infection- Haemophilus Influenza F
- C. Lung- Streptococcus Pneumonia T

- D. Pelvic infection- Clostridium Perfringens F
E. Bowel- E. Coli F

56. The following are pro-inflammatory mediators actively involved in the metabolic response to injury

- A Prostaglandins T
B Vitamin A (anti-inflammatory) F
C Kinins T
D IL-10 (anti-inflammatory) F
E Nitric oxide T

57. Following are true on road traffic accident

- A. Bumper injuries commonly seen in pedestrian T
B. Common injuries inflicted by motorcyclist are head injury T
C. Toxicology is mandatory T
D. Steering wheel injury can cause cardiac contusion T
E. Subdural haemorrhage can lead to diffuse axonal injury T

58. What method of identification is used in moderately decomposed deceased

- A) Dental Charting
B) DNA profiling
C) Anthropometry
D) Personal belongings
E) Extraneous matter (trace evidence)

59. Problem in visual identification

- A) authorities have told them that is who the dead person is
B) make visual identification while their eyes were closed.
C) emotionally they are in denial about the possibility of his or her death.
D) Blood, disfiguring injuries and decomposition each make visual identification hazardous.
E) On purpose for fraud (insurance claim)

60. Flow cytometry is used to detect

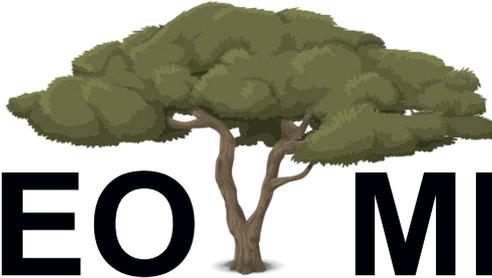
- A- Combined multiple immunodeficiency
B- Thalassemia major
C- Paroxysmal Nocturnal Hemoglobinuria
D- Multiple myeloma
E- Myeloproliferative disorder*

STUDENT NO. :

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NAME : _____

BORNEO MEDICA COLLEGE



BORNEO MEDICA

MOCK FINAL PROFESSIONAL EXAMINATION II

BEST ANSWER QUESTIONS (BAQ)

2015 / 2016

DO NOT OPEN THE QUESTION PAPER UNLESS YOU ARE INSTRUCTED TO DO SO

Instructions:

1. Each set of question paper consists of **thirty (30)** BAQ questions. For every question, you need to provide only **one** accurate answer.
2. A mark will be awarded for every correct answer. No marks will be given nor deducted for wrong answers or if a "No answer" is recorded. The minimum mark for each question is zero.
3. Answer **all** sections in the question paper.

Prepared by the Underground Kidz™

BAQ 3-year Analysis

POSTING	2004	2012	2013
Medicine	14	14	13
Surgery	10	11	9
Paediatrics	7	7	7
Obstetrics & Gynaecology	6	7	7
Orthopaedics	3	3	3
Psychiatry	2	2	3
Family Medicine	2	2	1
Public Health	2	1	2
Ear, Nose & Throat	1	1	1
Ophthalmology	1	1	1
Forensic	2	0	0
Radiology	0	1	1
Anaesthesiology	0	0	1
Accident & Emergency	0	0	1
TOTAL	50	50	50

SUBCONTENTS

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SET 1

- 1 2 years old girl presented with cough and fever and sore throat. On examination revealed tonsillar exudates and cervical lymphadenopathy. She was prescribed with ampicillin, and she developed rashes for 2 days later. Full blood count showed atypical lymphocytosis. What is the MOST likely diagnosis?
- A German measles
 - B Chickenpox
 - C Infectious mononucleosis
 - D Herpes simplex virus
 - E Cytomegalovirus
- 2 Mr P, 45 years old gentleman with high fever and cough for 3 weeks durations, progressed to right chest pain and shortness of breath. On examination, his respiratory rate is 30/min, absent expansion of right chest wall and right chest bulging, tender, stony dull on percussion. There were fingers clubbing. No foul smell breath. What is the MOST likely diagnosis?
- A Pneumonia
 - B Lung abscess
 - C Empyema
 - D Pulmonary tuberculosis
 - E Bronchiectasis
- 3 Patient with diabetes mellitus was presented with dehydration. A diagnosis of hyperglycaemia hyperosmolarity state. This condition is MOST likely will occur in which of the following patient?
- A Type I diabetes mellitus at young age
 - B Middle age, obese people with type 2 diabetes mellitus
 - C Diabetes mellitus in pregnancy
 - D Elderly age woman with stroke
 - E Type 2 middle age with acute myocardial infarction.
- 4 40 years old gentleman complaint of palpitation and was seen in Accident and Emergency department. He had no history of hypertension, no diabetes mellitus and he is active in sport. He does not smoke. ECG show atrial fibrillation and heart rate of 55 bpm. Echocardiogram showed no structural abnormality. What is the MOST appropriate management for him?
- A Warfarin
 - B Aspirin
 - C Digoxin
 - D Metoprolol
 - E Do not need any medication
- 5 Which one is seen in one suspected with Parkinson plus syndrome?
- A Unilateral onset of tremor
 - B Repeated falls
 - C Increase sweating
 - D Increase tremor on mental arithmetic
 - E Positive gabbellar tap
- 6 30 years old gentleman was admitted with lower limb weakness, then progress to respiratory distress. Ankle and knee jerk were absence. Babinski was negative bilaterally. Which of the following is the MOST appropriate expedite that beneficial for his condition?
- A Physiotherapy
 - B Intravenous antibiotics
 - C Intravenous immunoglobulins
 - D Intravenous steroid
 - E Pain control
- 7 58 years old man with history of liver cirrhosis, child grade A, suddenly presented to accident and emergency department due to decompensate liver failure. He was fine for two years. Physical examination shows liver is palpable. What is the most probably cause for this decompensation?
- A Spontaneous bacterial peritonitis
 - B Hepatocellular carcinoma
 - C Bleeding esophageal varices
 - D Increase salt intake
 - E Increase alcohol intake.

- 8 27 years old gentleman with fatigue for 3 months, and associated with tinge of jaundice and pruritus. Investigations showed raised alkaline phosphatase level, and positive anti-mitochondrial antibody. What is the likely cause?
- Cholecystitis
 - Carcinoma of head of pancreas
 - Cholangitis
 - Autoimmune hepatitis
 - Primary biliary sclerosis
- 9 18 years old gentleman, developed joint swelling after involved in mild motor accident. On examination showed haemarthrosis with evidence of chronic arthropathy. Blood investigation showed PT= 13 sec (NC=12 sec), aPTT= 52 sec (NC=38 sec). Then, patient serum mix with normal serum 50:50 showed aPTT= 40s sec (NC=38 sec). The next investigation MOST likely to reach the diagnosis is:
- Factor VIII assay
 - Factor XIII assay
 - Vitamin X assay
 - Factor XI assay
 - D dimer
- 10 34 years old man with diagnosis of acute myeloid leukaemia, have fever for 38.9C, on day 7 of chemotherapy. Blood test shows haemoglobin= 10g/dL, total white cell count= 0.2 X 10⁹/L. platelet= 20 X 10⁹/L. What is the immediate action after examine this patient?
- Repeat full blood count
 - Take blood culture, and start empirical antibiotics
 - Blood cross matching and prepared 2 pints of packs cells
 - Admit patient to ward
 - Transfuse 4 units of platelet.
- 11 20 years old male presented with malaise, lower limb rash which is ascending in nature after recovered from cough. Investigation showed Hb: 11g/dL, no evidence of haemolysis). Platelet: 100k. Creatinine - 250 mmol/L. He has no previous renal disease. What is the most possible diagnosis?
- Haemolytic uremic syndrome
 - Thrombotic thrombocytopenic purpura
 - Disseminated intravascular coagulation
 - Henoch Schölein purpura
 - Post Streptococcal acute glomerulonephritis
- 12 30 years old man, complaint of low back pain for the past 2 years, especially at the early morning. He also has followed up under ophthalmologist for uveitis. Which of the following investigation is the MOST characteristic?
- Positive HLA-B27
 - Leucocytosis
 - Positive Anti-Smith antibody
 - Lumbar X-ray shows syndesmosis
 - Positive rheumatoid factors
- 13 A 55 years old man complaint of severe chest pain associated with diaphoresis. Pain was compressive in nature and started 4 hours ago. ECG shows ST elevation in V1-V3. Which of the following is the best definitive treatment?
- Percutaneous coronary intervention
 - Streptokinase
 - Tenecteplase
 - Morphine
 - Sublingual GTN
- 14 68 years old women came in with 2 months widespread pruritic rash. On examination, the rash are erythematous with small blisters with straw coloured fluid and two large serosanguinous blisters. What is the MOST likely diagnosis?
- Bullous impetigo
 - Bullous pemphigoid
 - Varicella
 - Scabies
 - Urticaria vasculitis
- 15 A 60 y/o man presented with unexplained anemia and vague abdominal pain for 2 months. On examination, there is distinct fixed mass over right iliac fossa. Most probable diagnosis is:
- Tuberculosis ileocaecal
 - Appendicular mass
 - Psoas abscess

- D Lymphoma
- E Carcinoma of caecum

16 52 years old man presented with 1cm thyroid nodule on the left lobe. On ultrasound, there is solid nodule. What investigation to do for definitive diagnosis?

- A Thyroid scan
- B Fine needle aspiration cytology
- C Thyroid function test
- D CT scan
- E Thyroid antibody

17 75 years old elderly man, with previous history of prostate carcinoma, presented due to right femoral shaft fracture. Surgery was done where intramedullary nail was inserted. On the fifth post-operative day, he developed shortness of breath, hypotension and tachycardia. What is the MOST likely diagnosis?

- A Pulmonary embolism
- B Cardiogenic shock
- C Acute respiratory distress syndrome
- D Hypovolaemic shock
- E Septicaemic shock

18 26 years old man involved in road traffic accident. He had hypotension due to fracture of pelvic and recurrence haemorrhage. He was given blood transfusion. However, later his central venous pressure was normal, but patient had oliguria, fever and flank pain. What is the MOST likely cause?

- A Hypovolaemic shock
- B Acute alcohol intoxication
- C Gram negative septicaemia
- D Transfusion reaction
- E Drug interaction

19 30 years old gentleman came to Accident and Emergency department following road traffic accident. On examination, bleeding per urethra and perineum haematoma were found. What is the MOST likely diagnosis?

- A Rupture bladder
- B Rupture anterior urethra
- C Rupture posterior urethra
- D Fractured pelvic
- E Kidney injury

20 30 years old gentleman come with intermittent, slow progression dysphagia for both solid and liquid for more than 6 months. She also have retrosternal chest pain. What is the diagnostic investigation for him?

- A CT chest
- B 24 hour oesophageal pH monitoring
- C Upper gastrointestinal endoscopy
- D Barium swallow
- E Esophageal manometry

21 A 40 years old gentleman, was discharged home after treated acute pancreatitis. 4 weeks later, he presented with palpable epigastric mass and slight elevated serum amylase. What is the most likely diagnosis?

- A Pancreas carcinoma
- B Pancreas abscess
- C Hepatocellular carcinoma
- D Pancreas pseudocyst
- E Empyema of gallbladder

22 65 years old man, presented with poor stream, urgency, and frequency. Digital rectal examination revealed prostate enlarge and nodular surface. Urinalysis revealed leukocyte 4+. Serum for prostate specific antigen: 80ng/mL. What is your most likely diagnosis?

- A Acute Prostatitis
- B Benign prostate hyperplasia
- C Chronic prostatitis
- D Prostate carcinoma
- E Urethral stricture

23 A 45 years old lady, underwent complicated pelvic operation due to tumour. After operation, she was suspected to have ureter injury. What is the MOST appropriate investigation?

- A Plain abdominal X-ray
- B Intravenous urogram

- C CT abdomen
D Ultrasound of abdomen
E Retrograde urethrogram
- 24 A patient had 20% deep partial thickness burn over back. The MOST significant bacteria need to be concerned is
A Beta haemolytic streptococcus
B Multi Resistance staphylococcus aureus
C Pseudomonas aeruginosa
D Klebsiella pneumoniae
E Escherichia coli
- 25 70 years old gentleman, presented with sudden onset abdominal pain for 1 day, associated with abdominal distention, vomiting and constipation. He was well treated conservatively. However, he presented with similar presentation few days later. Emergency laparotomy was done, and it found that there is tumour at ascending colon that obstructing the lumen. The next MOST appropriate management is:
A Caecostomy
B Ileostomy
C Transverse loop colostomy
D Ileo- colon bypass
E Right hemicolectomy
- 26 63 years Mr Chan, went to see a surgeon for evaluation of a neck mass that had been presented for the past 2 months. The surgeon suggested an open biopsy. This biopsy:
A Will disrupt the lymphatic drainage system
B Will increase the risk of tumour recurrence in the neck
C Is inappropriate before proper head and neck examination
D Will increase incidence of local wound complication
E Is necessary before definite treatment
- 27 A 35 years old male seen in Accident and Emergency (A&E) for penetrating eye injury of his left eye. He gives history of something entering into his left eye following hammer on iron rod at work. What is the best method of detecting intraocular foreign body in this patient?
A Ultrasound B scan
B Magnetic resonance imaging of orbit
C Binocular intra... Ophthalmoscope (BIO) after dilatation of pupil
D X-ray of orbit
E Slit lamp examination with plus lenses
- 28 A patient with multiple stab wounds was found unconsciousness. The BEST investigation to detect pneumoperitoneum is
A Supine abdominal X-ray
B Supine chest X-ray
C Left decubitus abdominal X-ray
D Right decubitus abdominal X-ray
E Erect chest X-ray
- 29 4 months old child brought to Accident and Emergency department for poor feeling. On examination, a sleepy baby with difficult to arouse. Fundoscopy showed retinal haemorrhage. The next BEST diagnostic test is:
A Lumbar puncture
B CT scan of brain
C Skull X-ray
D Full blood count and coagulation profile
E Electroencephalogram
- 30 A 12 years old girls, presented with recurrent epistaxis and gum bleeding for the past 3 weeks. Investigations showed prothrombin time 13 sec (NC= 14sec), prolonged aPTT = 52 sec (NC= 40sec) and bleeding time is 13 minutes (NC=12 min)is prolonged. What is the MOST likely diagnosis?
A Haemophilia A
B Vitamin K deficiency
C Idiopathic thrombocytopenia purpura
D Von Willebrand Disease
E Haemophilia B
- 31 3 years old child was brought to emergency department 3 hours after found playing with open kerosene bottle. His parent state that initially child is gagging and coughing but later develop shortness of breath. Lung auscultation is normal. What is the MOST appropriate action now?

- A Discharge home and advice to return if any problem
- B Do chest X-ray
- C Induce emesis by syrup ipecac
- D Admit to hospital for observation
- E Administer activated charcoal.

32 A 10 years old girl presented with 10 days history of fever, joint pain and fatigue. She also had symptoms of several upper respiratory tract infection for the past 2 months. Physical examination showed diastolic murmur, graded 2/6, at right third intercostals spaces, and pansystolic murmur, grade 3/6 at apex. What is the most appropriate explanation for these?

- A Acute rheumatic fever
- B Bicuspid aortic valve
- C Atrioventricular septal defect
- D Purulent pericarditis
- E Viral myocarditis

33 In 20 years old mother developed varicella 2 days before deliver a term infant. The MOST appropriate management is:

- A Acyclovir to infant at birth
- B Varicella zoster immunoglobulin to infant at birth
- C Varicella zoster immunoglobulin and acyclovir to infant at birth
- D Varicella zoster immunoglobulin to mother and infant at birth
- E Varicella zoster immunoglobulin to infant if develop varicella.

34 2weeks old baby referred to paediatric clinic for ambiguous genitalia. What is next MOST appropriate step?

- A Give hydrocortisone
- B Performed ultrasound abdomen
- C BUSE
- D Chromosomal karyotyping
- E Serum 17-OH progesterone

35 7 days old boy came for evaluation for blood in stool. Further history revealed he was borned at home and was uneventful. He was exclusively breast feeding. On examination, he had ecchymoses at buttock and lower extremities. Other examinations were normal. What is the likely cause?

- A Sepsis
- B Physical abuse
- C Haemorrhagic disease of newborn
- D Idiopathic thrombocytopenic purpura
- E Dysentery

36 A 36 years lady, G3P2 at 40 weeks plus 5 days period of amenorrhoea, presented with uterine contraction for 2 hours prior to admission. Physical examination shows uterus is term, longitudinal lie and head was 3/5 palpable. Vaginal examination shows Os=3cm, cervix is 75% effaced, axial and moderate consistency with vertex presentation. Station is 0. Repeated vaginal examination 4 hours later showed no cervical change. Fetal heart rate is normal. What is the BEST course of management?

- A Labour can be augmented with high dose of oxytocin
- B Plan for ELSCS for prolonged labour with presumed cephalopelvic disproportioned
- C Reassurance and rest. Offer mother sedation to relax and sleep.
- D Artificial rupture of membrane and augment with oxytocin.
- E Wait for 2 hours and repeat vaginal examination

37 24 year old ,G2P1 at 8 wks Period of amenorrhoea came to Accident and Emergency, presented with severe Left iliac pain & fainting. After resuscitation, emergency laparotomy was performed shows ruptures left tubal ectopic with 500ml haemoperitoneum. Other tubal was normal, both ovaries were normal. what is your further management?

- A Bilateral salpingectomy
- B Left salpingectomy
- C left salpingostomy and oophorectomy
- D Left salpingo oophorectomy
- E Bilateral salphongo oophorectomy

38 30 years old G4P2+1 at 30 weeks period of amenorrhoea, came to Accident and Emergency department for sudden onset of painless pervaginal bleeding that soaked 4 pads at home. Her vital signs are normal and haemoglobin is normal. Fetal heart rate is also normal. The BEST management is :

- A Performed vaginal examination
- B Performed ultrasound examination
- C Performed emergency caeseran section

- D Sent patient home for bed rest
- E Admit to maternity ward for further management,

39 63 years old woman complaints of 3 months history of per vaginal spotting. She denied taking hormone replacement therapy. Thorough history and physical examination revealed no abnormalities. Pap smear reported as atrophy and no malignant cell. What is the next MOST appropriate in management?

- A Starts her on estrogen replacement therapy
- B Perform endometrium sampling
- C Send for colposcopy for cervical specimen
- D Take blood and send serum for FSH, LH, prolactin and estriol
- E Random cervical biopsy.

40 A G5P3+1 lady at 28 weeks period of amenorrhoea, with presented with contraction pain. There is no mucus discharged, and passing liquor. She had previous LSCS scar for her third pregnancy and one miscarriage and dilatation and curettage was done. She had blood stained which stained her undergarment. What is the MOST appropriate next step?

- A Nifedipine to suppress as she is only 28 weeks period of amenorrhoea
- B Admit and observe if there is no active bleeding
- C Ultrasound abdomen to look for fetal well being and identify the cause
- D Emergency lower segment Caesarean section
- E Antibiotics to cover the infection

41 29 years old single lady, presented to Accident and Emergency department with fever and lower abdominal pain. History revealed history of miscarriage 3 months ago. Physical examination revealed abdominal tenderness. Vaginal examination shows purulent vaginal discharge. High vaginal swab was taken for gram stain and culture. Staining result showed gram negative intracellular diplococci. Which of the following statements is the most appropriate?

- A Diagnosis is most likely to be gonorrhoea
- B The swab supports the diagnosis of chlamydia infection
- C Should proceed to inspect for ulcer and chancre like lesion
- D Gram stain is pathognomonic, and culture is not required.
- E Wait and confirm the culture result and start antibiotic.

42 19 years old lady come to antenatal clinic. She was not sure of her last menstrual period but claimed her last menstrual period was 5 months ago. On examination, the uterus is just palpable. Which of the following is BEST done at this time?

- A Crown lump length
- B Fetal weight
- C Femur length
- D Biparietal diameter
- E Abdominal circumference

43 The most common etiology of senile osteoporosis is

- A Lack of calcium intake
- B Uncoupling of bone formation and resorption
- C Lack of estrogens
- D Parathyroid hormone imbalance
- E Steroid ingestion

44 80 years old lady, with uncontrolled diabetes mellitus and hypertension, currently sustained fracture at neck of femur of left femur. The BEST treatment is:

- A Skin traction 6 weeks followed by mobilization on wheel chair
- B Skin traction for 3 weeks, followed by surgery
- C Skin traction for 1 week, then on hip spica
- D Surgery after optimal diabetes mellitus and hypertension control
- E Emergency surgery on same day.

45 20 years old gentleman sustained deep penetrating wound on the sole of his right foot when he stepped on a dirty nail while working on his farm. He sought medical treatment the following day. On examination, a puncture wound was seen with signs of inflammation. The MOST appropriate treatment is

- A Observe for 24 hours, give ATT and antibiotics
- B Clean and dress the wound, give ATT and antibiotics
- C Clean and suture the wound, give ATT and antibiotics
- D Debride, extend the wound, give ATT and antibiotics
- E Debride, suture the wound, give ATT and antibiotics

46 60 years old man presented with fever, productive cough and body ache for 4 days. His blood pressure was

130/75 mmHg, pulse rate= 92bpm, temperature= 38.5C. Examination shows right lower zone crepitation. What is the MOST appropriate management?

- A Do Chest X-ray to confirm the diagnosis
- B Sputum culture before start treatment
- C Admit ward for antibiotic
- D Allow home and assess 3 days later
- E Full blood count to look for raised total white cell

47 35 years old male with history of sexual intercourse with a commercial sexual worker, who had just diagnosed to have HIV one week ago. He had done his HIV status last month, and it was negative. Information to give him is:

- A Signs and symptoms of HIV
- B Difference between HIV and AIDS
- C Explain about window period and repeat the test 3 months later
- D His risk of HIV infection and lifestyle manifestation
- E No risk of infection as he is asymptomatic

48 What is the emission that contribute the MOST for global warning?

- A Carbon monoxide
- B Greenhouse gases
- C Volatile organic compound gases
- D Methane
- E Ozone

49 28 years old lady complaint of feeling tense, vigilant edgy, sweaty palm, palpitation, dizziness. These occur most of the time and not limited to discrete period. She thought that these symptoms will drive her to crazy. Which of the following is the MOST probably diagnosis?

- A Somatoform disorder
- B Impending panic attack
- C Generalized anxiety disorder
- D Obsessive compulsive disorder
- E Panic disorder with agoraphobia

50 Which of the following is the defense process common in obsessive compulsive disorder that unacceptable impulses are transformed into the opposite?

- A Intellectualization
- B Displacement
- C Reaction formation
- D Sublimation
- E Dissociation

SET 2

1) A 20 year old man with HIV status, drug addict had developed 20 episodes of voluminous diarrhoea. The CD4 count is 80. What is the most likely organism ?

- a) Entamoeba histolytica
- b) Giardia lamblia
- c) Rotavirus
- d) Cryptosporidium *
- e) Microsporidium

2) A 25 year old with smoking history 1 pack for 10 years, was admitted for shortness of breath and progressive right chest pain for 3 days. He had a strong family history of asthma. PE revealed that the right chest had reduced expansion, hyperresonance, reduced breath sound.

What is the diagnosis?

- a) Pneumonia
- b) Asthma
- c) COPD
- d) Pleural effusion
- e) Pneumothorax *

3) A G2 P1 27 year old mother had given birth a baby boy and had persistent PV bleeding. She was transfused with more than 12 packets of blood. 3 months later, she presented with difficulty in breastfeeding, frequent lethargy and tired, and no menstruation.

Her BUSE was as follows :

Na : 125

K : 5.4

What is the most likely diagnosis ?

- a) Hypopituitarism
- b) Adrenal deficiency
- c) Pituitary necrosis *
- d) Thyroiditis
- e) Hypothyroidism

4) A 60 year old man with hypertension and diabetic had chest pain since 8 hours ago. ECG show V2-V5 ST elevation. What is the most appropriate treatment?

- a) PCI *
- b) Thrombolysis with streptokinase
- c) Anticoagulant with warfarin
- d) Anticoagulant with heparin
- e) Conservative treatment

5) A 30 year old man was involved in RTA. After that he presented with Right lower limb spasticity, hypertonia, and Babinski positive. There is loss of pain and temperature sensation of left lower limb. Loss of vibration sense in right lower limb. There was no neurological defect in the upper limb and face.

What is the most likely lesion?

- a) Right thoracic injury *
- b) Left thoracic injury
- c) ACA injury
- d) Lateral medullary syndrome
- e) Cervical cord injury

6) A 50 year old man had fever, abdominal pain, bloody diarrhoea for 3 months duration. On PE, there is a vague mass in the right hypochondrial region. Colonoscopy found multiple skip lesion in the ileo caecal junction.

What we need to rule out ?

- a) Crohn disease *
- b) TB colitis
- c) Colon tumour
- d) Ulcerative colitis
- e) Colonic Ca

7. Acute Heart Failure- Which drug is most likely not used

- A. Beta Blockers
- B. Milrinone
- C. ACE-inhibitors
- D. Dobutamine

E. Nitrates

8. A young girl, presented with previous history of URTI, now presented with weakness of both upper and lower limbs. Areflexia. Not associated with loss of sensation. What is the test most appropriate to arrive at the correct diagnosis?

- A. Acetylcholine test
- B. Nerve conduction studies
- C. CT brain
- D. MRI Brain
- E. Spirometry

9) A 40 year lady complained of finger thickening and hardening. She also had finger changing colour into white and blue when exposed to cold. She also difficulty in eating meal.

ANA : positive

ESR : 30

RF : positive

What is the most likely diagnosis ?

- a) SLE
- b) scleroderma *
- c) RA
- d) Reiter syndrome
- e) Ankylosing spondylitis

10. Immunocompromised patient with ring enhanced lesions on the CT scan of brain. Patient with whitish plaque on sides of tongue. What's the most likely? Presented with neurological deficits

- A. Toxoplasmosis
- B. Cryptococcal meningitis
- C. Acute viral infection
- D. TB meningitis
- E. mycoplasma pneumoniae

11. Patient with Hepatitis B- What kind of Glomerulonephritis

- A. Minimal Change
- B. Membranous
- C. Mesangiocapillary
- D. Membranoproliferative
- E. Rapidly progressive

12. 32 year old man with hypercalcaemia, hyperprolactinaemia, decreased libido and peptic ulcer. Likely to be?

- A. MEN 1
- B. Pituitary tumour
- C. Zollinger Ellison
- D. Paraneoplastic syndrome
- E. Hyperparathyroid?

13) This 50 year old patient had no smoking history presented with cervical lymphadenopathy. PE revealed absent of breath sound in the right lower zone, and a vague abdominal mass of 4-5cm. There were multiple cervical lymph node palpable. Immunohistochemistry of the biopsy revealed cells arranged in sheet, with keratin.

What is the most likely diagnosis?

- a) Lymphoma
- b) Metastatic adenocarcinoma of stomach
- c) Metastatic Squamous of lung
- d) NPC
- e) Esophageal carcinoma

14 45 years old gentleman presented with unable to pass urine for 8 hours duration. He had history of road traffic accident 3 years ago, and that involve pelvic fracture. What is the MOST likely cause for current condition?

- A Benign prostate hyperplasia
- B Urethral stricture *
- C Urethritis
- D Urethral calculus
- E Perforated urethra

15. 46 year old, heartburn, dysphagia, 6 months, solids to liquid. Telangiectasia, non smoker, Swallowing problems, skin tight, beak like nose, small mouth

- A. dysmotility due to Mixed connective tissue disease
- B. lower oesophageal Ca

- C. globus hystericus
- D. extrinsic compression on oesophagus
- E. oesophageal stricture secondary to reflux disease

16. Raynaud's with dry eyes, Rheumatoid factor is positive, arthralgia,
 A. Sjogren's
 B. Rheumatoid Arthritis
 C. Systemic Lupus
 D. Dermatomyositis
 E. Scleroderma

17) A 25 year old patient was admitted with fever, and unstable vital signs. The diagnosis was empyema of gallbladder. What should be the management?
 a) Treat conservatively with antibiotic
 b) Elective cholecystectomy
 c) Emergency cholecystectomy
 d) Cholecystomy *
 e) Drain with USG guidance

18) This young man had just done his thyroidectomy. He presented with shortness of breath and bulging wound of the thyroidectomy. What should be the immediate management?
 a) Cricothyroidectomy
 b) Intubation
 c) Tracheotomy
 d) High flow oxygen
 e) Remove the stitch and push into OT *

19-Madam Chong is a 45-years old Chinese with recurrent pain in the right upper abdomen. She was diagnosed as having chronic calculus cholecystitis with multiple gall stones. Laparoscopic cholecystectomy was done. One week later, she developed severe constant pain in the same region with progressive deepening jaundice. The most likely diagnosis of this condition is
 a- Missed stone in the CBD
 b- Accidental clamping of the hepatic artery
 c-Accidental clamping of the CBD *
 d- Liver damage from anesthesia
 e- Possible activation of latent infective hepatitis

20) This patient was post-op 6 days for sigmoid carcinoma and his abdominal staple was opened. The wound was gapped, filled serosanguinous discharge. What is the management?
 a) Parenteral antibiotic and daily wound dressing *
 b) Left open the wound for drainage
 c) Re-suture
 d) Abdominal staple
 e) Abdominal tape

21- Baby of Mrs.Chan is one month old. The baby was fine but all of a sudden, she developed abdominal distension, vomiting, and fever with constipation. Abdominal plain X-ray showed gas in the wall of the gut. The following is true
 a- it is diagnosed as necrotizing entero-colitis *
 b- shifting dullness is not easily evaluated
 c- ultrasound can confirm
 d- electrolyte imbalance easily is dealt with
 e- exploration rules out the diagnosis

22. Mr Tan is 70 years old Chinese man complaining of prolonged micturation problems, was diagnosed as having benign prostatic hyperplasia. He was operated upon for TURP using distilled water. The operation was prolonged up to three hours. Post operatively patient developed convulsions, hallucinations, and mental clouding. The possible problem is
 a- hypokalemia
 b- hypocalcemia
 c- volume overload
 d- hyponatremia and volume overload *
 e- hypoalbuminemia

23. Ankle brachial pressure index is 0.3 is indicate what?

- A. Chronic venous insufficiency
- B. Intermittent claudication 0.8
- C. Rest pain 0.4
- D. Imminent gangrene *
- E. Venous ulcer

24. 35 years old man was found unconscious and was brought to A&E department. On examination, his GCS is 8/15, noisy breathing

Which of the following BEST airway management to this patient?

- A. Oropharyngeal airway
- B. Nasopharyngeal airway
- C. Laryngeal mask airway
- D. Endotracheal airway*
- E. Head tilt, chin lift

25. 20 years old gentleman presented with 5 days history of abdominal pain and pyrexia. On examination, there is palpable mass at right iliac fossa. Abdomen ultrasound and CT scan confirmed appendicular mass. He was given parenteral antibiotic, but three days later, the mass did not reduced in size, and become more tender and tense. The fever is persistently high. What is the MOST appropriate management for this patient?

- A. Give more antibiotics
- B. Appendicectomy
- C. Drainage of the abscess *
- D. Colonoscopy
- E. Laparotomy

26. 1 year old girl presented with 2 days history of acute fever and poor feeding. She became lethargic and pale on the day of admission. Physical examination revealed afebrile child with body temperature of 38°C, heart rate 160, RR 30, CRT 5 sec, cold peripherals

What fluid to resuscitate?

- A. 0.9% sodium chloride *
- B. 0.45% sodium chlorid
- C. 0.45% sodium chloride + 5% dextrose
- D. Blood O Rh -ve
- E. Human albumin 20%

27. 2 days old girl infant found jaundiced in paediatric ward. She was born via SVD and no prenatal complication. Mother blood group is B+. Baby blood group is O. Baby otherwise alert and feeding well with normal temperature. Blood film showed small RBC, spherocytosis and reticulocytosis. Best investigation to confirm the underlying cause of jaundice?

- A. Thyroid function test
- B. G6PD activity
- C. Coombs' test
- D. Blood culture
- E. Osmotic fragility test *

28. 2 year old boy was brought to Emergency Room with 2 day history of mild fever and coryzal symptom. His feeding has reduced today and is now making harsh inspiratory stridor, especially when he is upset. His SpO₂ in room air is 94%. Breath sounds are normal bilaterally with good air entry. There is some subcostal recession where he is crying. Vital signs : T(38°C), PR(140bpm), RR(40cpm). What is the most appropriate initial intervention for this child?

- A. Nebulised adrenaline
- B. IV hydrocortisone *
- C. IM dexamethasone
- D. Syrup Paracetamol
- E. Administration of humidified supplemental O₂ as tolerated and continued evaluation

29. 5 month old boy came to paediatric clinic with tachypnoea and tachycardia(270 bpm). He also had hypotension. ECG shows absent P wave, narrow QRS complex and unvarying heart rate. What is the BEST treatment?

- A. IV Verapamil
- B. Synchronised cardioversion *
- C. Parenteral Digoxin
- D. IV adenosine
- E. Intubation and mechanical ventilation

30. 7 years old boy was presented with generalized tonic-clonic seizure for 5minutes and tea-colored urine for 3 days duration. He also has headache and vomiting for one day. He has facial puffiness and bilateral leg oedema, BP was

160/100mmHg. What is the likely cause of seizure?

- A. Hypernatraemia
- B. Hypocalcaemia
- C. Hypertensive encephalopathy *
- D. Space occupying lesion
- E. Meningitis

31. 10 years old boy was presented with fever, left knee swelling and preceded by left ankle swelling. Last 2 weeks, he developed sore throat and treated with 10 days course of oral penicillin. What is the best evidence to diagnose acute rheumatic fever?

- A. Increase ESR
- B. Increase ASOT
- C. Positive Culture of Group B Streptococcal bacteria on throat swab
- D. Blowing apical systolic murmur*
- E. Prolonged PR interval in ECG

32. 10 months old boy was unconscious and sent to A&E. Fundoscopy showed retinal haemorrhage. No past medical history. Developmental milestone was normal. Immunization was up to date. Most likely Dx?

- A. Immune thrombocytopenic purpura
- B. Haemophilia A
- C. Child Abuse *
- D. Retinoblastoma
- E. Viral encephalitis

33) Delivered baby at 38 weeks. Placenta out. Estimated blood loss is 700ml. What is the best next step of management?

- A. Massage uterus
- B. Take blood for group and cross matching
- C. Give 1ml of IM syntometrine*
- D. Check the completeness of placenta
- E. Set 2 16G cannula and take blood for cross matching

34) 45 years old, Parity 3, presented with heavy menses for 6 months. Examination revealed uterus 20 weeks size. Hb was 9 g/dL. What is the best management for this patient?

- A. Give Depo-Povera 3 monthly
- B. Myomectomy
- C. GnRH agonist
- D. Total abdominal hysterectomy
- E. GnRh agonist and total abdominal hysterectomy*

35) A patient with PIH complained of epigastric pain. Blood pressure was 160/110mmHg, urine protein 500mg/24 hours urine collection. Platelet count was slightly low and liver enzymes were normal. What is your diagnosis?

- A. HELLP syndrome
- B. Severe preeclampsia
- C. Eclampsia
- D. Chronic hypertension *

36) A female patient presented with primary amenorrhea. Diagnosis of testicular feminization syndrome was made. Which of the following description are NOT TRUE?

- A. Breast are well formed
- B. Uterus is absent
- C. Serum testosterone was low*
- D. Skin is smooth and lack of hair
- E. Gonads may felt at the groin

37) 65 years old, presented with postmenopausal bleeding for 1 month. Examination revealed uterus 12 weeks size. Ultrasound show endometrial thickness of 5mm. What is the best investigation for this patient?

- A. Pipelle sampling at outpatient clinic
- B. Diagnostic D&C
- C. Hysteroscopy
- D. Hysteroscopy and endometrial sampling*
- E. Abdominal ultrasound

38. Patient (pregnant) presented with suprapubic pain and bleeding per vaginum. Speculum examination showed cervical os was dilated and tissues were seen in endocervical canal. What is your diagnosis?

- A. Septic miscarriage

- B. Threatened miscarriage
- C. incomplete miscarriage*
- D. Complete miscarriage
- E. Missed miscarriage

39. A 28 years old woman, primigravida currently at her 35 weeks of gestation. She was admitted to A&E department due to sudden onset of abdominal pain and associated with heavy and prolonged per vaginal bleeding. Her antenatal visit revealed not significant. She had no any medical illness before. On examination, her pulse rate was 96 bpm, blood pressure was 90/60, and temperature was 36.5 C. What is best your management now?

- A Give her a dose of tocolytic drug injection.
- B Perform an emergency ultrasound scanning to rule out placenta abruptio.
- C Ser 2 IV line and rapidly infuse normal saline and cystrallised.
- D Deliver the baby by emergency LSCS. T
- E Give her a dose of dexamethosome injection.

40) basic principle of chemotheraphy in bone tumor

- A. Alter extent resection
- B. gain maximum 5 years survival*
- C. Minimum complication from surgery
- D. Estimation chemosensitivity of tumor
- E. Minimum use of prosthesis

41. 26 yo man involve in RTA. Grade ii open fracture of right femur. wound irrigation done with 10L of NS plus fracture immobilization with skeletal traction . Main reason for irrigation to wound

- A. Ensure adequatea hydration
- B. remove any foreign body and dirt from wound
- C. Dilute and reduce incidence of wound infection*
- D. Get clearer view of anaromical structural underlying the wound
- E. Remove all the blood clot

42) Most common complication of lateral condyle fracture of the elbow is

- a) Radial nerve palsy
- b) Compartment syndrome
- c) Heterotrophic ossification
- d) Non union*
- e) infection

43) Single schizophrenia parent : 15%

Husband k/c of schizo, wife wana advice from you about the risk of their child having schizo...

- a) one out of three child
- b) 1%
- c) 25%
- d) 15% *
- e) one out of five child

44) Most sensitive in detective anterior cruciate ligament rupture

- a) anterior drawer test
- b) lachman*
- c) mcmurray test
- d) pivot shift test
- e) dial

45) A 7 years old boy was complaining of pain and swelling to the right leg for 6 days. He was also having fever for similar duration. Blood investigation revealed elevation of ESR and total white count. X-ray of the right leg did not revealed significant abnormality of the bone. Ultrasound was performed which showed markedly fluid collection over the anterolateral aspect of middle 1/3 of the right tibia with elevation of periosteum. What MOST appropriate treatment for this patient condition?

- a) administer immediately intravenous antibiotic only as x-ray finding was normal
- b) perform aspiration of the fluid from swelling and commence on intravenous antibiotic for 1 week duration only
- c) perform incision and drainage of swelling and commence on intravenous antibiotic for 1 week duration only
- d) perform incision and drainage of swelling and commence on intravenous antibiotic for 2 weeks duration and oral antibiotic for 4 weeks duration*
- e) perform incision and drainage of swelling without prescribing antibiotic

46) 18year old single, unprotected sex 36hrs prior, LMP 8days ago, came for advice...

- a) IUCD

- b) After Morning pill *
- c) Implanon
- d) Reassurance tat she in safe week
- e) Condom

47 16 years old boy presented with 3 days of history of abdominal pain associated with abdominal distention and vomiting. He denied of bowel movement for 3 days and no passing gas for 2 days. At 8 years ago, he underwent operation for Wilms tumour through laparotomy. On physical examination, the abdomen is distended., tender and high pitch bowel sound. What is the most likely diagnosis?

- A Recurrent carcinoma
- B Interssusception
- C Adhesion intestinal obstruction *
- D Electrolyte imbalance
- E Midgut volvulus

48) stapedectomy is the operation of choice for:

- a)otosclerosis T
- b)bell's palsy
- c)meniere's disease
- d)cholesteatoma

49.A man with post-op for acoustic neuroma cannot close his eyes without tearing. He has normal corneal reflex. Which nerve is involved?

- A.CN III palsy
- B.CN IV palsy
- C.CN V palsy
- D.CN VI palsy
- E.CN VII palsy*

50) A person with chest x-ray upper lobe consolidation, non-resolving pneumonia, heavy smoker

Why we wan to do CT scan?

- a) CT to exclude malignancy *
- b) To look for associated symp such as empyema
- c) to know extend of consolidation
- d) Pneumonia recovery appears late in X-ray

Set 3

1. A lady was cleaning her ears with a cotton bud, just after swimming. Accidentally her 5 year old child pushed her hand and the cotton bud went deep into her ear. What injury can be expected from this?
- pain
 - pain and bleeding
 - pain, bleeding and hearing loss
 - pain, bleeding, hearing loss and vertigo
 - pain, bleeding, hearing loss, vertigo and facial nerve palsy
2. A 40 year old housewife from Saratok diagnosed with molar pregnancy 3 months ago and has undergone suction & curettage. HPE confirmed the diagnosis. However the lady defaulted follow-up treatment. Now she presented with per vaginal bleeding with flooding for 3 days duration. On examination; BP = 110/70, PR = 100 per minute, Hb = 6%. She appeared pale and sarong soaked with blood. What is the most appropriate immediate management for her?
- As vital signs are stable, manage her in outpatient department.
 - Transfuse blood group O, Rhesus negative blood immediately.
 - Defer blood transfusion, as there is increased risk of infection & allergic reaction.
 - If UPT negative, reassure patient, that the bleeding is unlikely to be due to pregnancy complications & discharge patient.
 - Speculum examination & vaginal examination are useful for diagnosis.
3. 1 year old girl presented with fever, failure to growth, poor feeding, lethargy, malnutrition, loss of subcutaneous fat, examination revealed normal.
- Renal disease
 - TuBerculosis
 - Inborn error metabolism *
 - Hypothyroidism
 - Nonorganic disease
4. 4 year old girl presented with 3 years history of frequent blank stares, occurring for few seconds during each episode; & 1 episode of generalized tonic-clonic seizure. She also complained of brief jerks of both upper limbs, especially in the morning. What would be the most suitable investigation to be done on her?
- EEG
 - CT
 - MRI
 - EEG & MRI
 - CT & MRI
5. Commonest primary malignant bone tumour is
- multiple myeloma
 - osteosarcoma
 - chondrosarcoma
 - malignant giant cell tumour
 - Ewing's sarcoma
6. A small-built 42 years old Malay lady presented with a single breast lump measuring (10X7) cm; which was mobile with firm to hard consistency. The overlying skin appeared thin and the nipple was flat. Axillary lymph nodes were impalpable. What would be your best management?
- Lumpectomy
 - Simple mastectomy
 - Chemotherapy
 - Radiotherapy
 - Modified Radical mastectomy
7. Which of the following is the commonest site for diverticulitis of the colon?
- Ascending
 - Transverse
 - Descending
 - Sigmoid
 - Rectum
8. Which of the following is least likely to develop osteoporosis after postmenopausal?
- White population
 - Asian population
 - Obesity

- D Sedentary T
- E Thin person

9. Acute Heart Failure- Which drug is most likely not used

- A. Beta Blockers
- B. Milrinone
- C. Ace-inhibitors
- D. Dobutamine
- E. Nitrates

10 A 49 years old woman was presented with history of prolonged heavy bleeding for the past 2 months. She has history of hypertension and diabetes mellitus. She had 3 children now. Currently she is on oral contraception pill. What is the most like diagnosis?

- A Ovarian producing tumour
- B Endometrium hyperplasia
- C Endometrium carcinoma
- D Cervical carcinoma.
- E Premenopausla syndrome T

11 A 35 years old staff nurse just deliver a baby at 38 weeks of gestation. She claimed that she was amenorrhea after delivery as she breast fed her child. She continue breast fed her was until six months. At the 7th month after delivery, she complaint of sudden onset of abdominal pain. On examination, there was fluid found at her pouch of Douglas. The patient now is stable. What is your best step to take now?

- A Do a emergency beta hCG level to rule out ectopic pregnancy.
- B Do a 48 hours serial of beta hCG. T
- C Perform an emergency diagnostic laparoscopy
- D Do urine pregnancy test to confirm her pregnancy.
- E Do an emergency ultrasound scanning to rule out ectopic pregnancy.

12 34 years old lady, G3P2 with 36 weeks period of amenorrhoea, come to A&E department, with pervaginal bleeding, which soaked 2 pads full. She looked pale. On examination, pulse rate is 112 bpm, BP= 85/50 mmHg, uterus is hard and tender. On ultrasound, Fetal heart rate is 100 bpm. There is presence of retroplacental clot. On vaginal examination, cervical OS is 4 cm, and membrane is intact. What is your BEST management now?

- A Emergency lower segment Caeserean section due to fetal distress
- B Transfuse 3 pints of Hartman solution and continue bladder drill
- C Give oxygen and set 2 big canula, and cross matching blood, transfused packed cell and colloids and standby DVIC regine and do urgent lower segment Caeserean section
- D Do cross match, give 3 pints Hartman solution and do artificial rupture of membrane
- E Do cross match, give 3 pints Hartman solution and do artificial rupture of membrane and give oxytocin infusion

13. A young girl, presented with previous history of URTI, now presented with weakness of both upper and lower limbs. Areflexia. Not associated with loss of sensation. What is the test most appropriate to arrive at the correct diagnosis? (This was a case of Guillain Barre)

- A. Acetylcholine test
- B. Nerve conduction studies
- C. CT brain
- D. MRI Brain
- E. Spirometry

14 A 15 years old gentleman was found in the confined burning room and was brought to A&E. On examination, there are 2nd degree and 3rd degree burn over the face and trunk. The estimation extend of the burn is 23%. What is your next appropriate action?

- A Intubation to protect airway *
- B Fluid resuscitation according to Parkland formula
- C Dressing of the burn and adequate analgesia
- D Immediate transfer to Burn center which is located 2 hours away from your hospital
- E Close observation and monitoring

15. A lady whose husband was diagnosed with active tuberculosis came for medical check-up. What is your management?

- A. Prescribe her chemoprophylaxis with isoniazid
- B. Do a chest X-ray and tuberculin test
- C. Do tuberculin test; if positive, do a chest X-ray
- D. Do a chest X-ray; if negative do tuberculin test
- E. Reassure her that she is asymptomatic and does not need treatment.

16. A 26 year old teacher who just gave birth one month ago came to you to seek advice regarding rhythmic method of contraception. She has a regular menstrual cycle of 28-32 days. What is the best statement for her?
- Her fertile period is from day 10 to day 21.
 - Her fertile period is from day 12 to day 16.
 - Her fertile period is from day 11 to day 17.
 - Her safe periods are day 1 to day 10 and day 17 to day 28.
 - Her safe periods are day 1 to day 10 and day 16 to day 32.
17. A 17 year old girl came with concerns for not started menstruating yet. Pubic hair growth and breast development are normal (Tanner stage 4). She is the only daughter in the family. There is no family history of ammenorrhoea. She is a very active girl, especially in sports. What is the most appropriate investigation?
- Urine pregnancy test
 - Ultrasound of the pelvis
 - Measurement of serum FSH, LH and Prolactin.
 - Progesterone challenge test
 - Karyotyping test
18. A 24 year old young man was brought to A&E with a history of falling from a ladder. He was found to be having laboured breathing and cyanosis. Auscultation of the chest revealed silent chest on the right side, with no breath sound. Percussion note was hyperresonant. What is your immediate management?
- Cricothyroidectomy
 - Insert endotracheal tube
 - Get an immediate chest X-ray
 - Give oxygen via face mask
 - Do a tube thoracotomy
19. Mr Ting is a 24 years old man with history of viral myocarditis six months ago. Subsequently he had dilated cardiomyopathy and last night presented with history of breathlessness of 3 days duration after a bout of URTI. He was found to have decompensated heart failure. All the drugs below are appropriate for him except
- Furosemide
 - Intravenous amlodipine
 - Spirolactone
 - Digoxin
 - Clopidogrel
20. A 37 year old lady, who is under follow-up at Rheumatology Clinic presented with gritty sensation of the eyes, arthralgia and Raynaud's phenomenon. ESR was raised; Rheumatoid factor and Anti-Nuclear antibody was positive. Peripheral blood film revealed microcytic hypochromic anaemia. What is your diagnosis?
- Rheumatoid Arthritis
 - SLE
 - Primary Sjogren's Syndrome
 - Secondary Sjogren's Syndrome
 - Sarcoidosis
21. 7 Years old boy was seen in the paediatric clinic. He has been using easyhaler Beclomethasone twice a day since three months ago. He still has occasionally night cough and had to use easyhaler salbutamol two to three times per week for the past one month. The MOST appropriate next step is:
- He need long acting beta-2 agonist
 - Increase the dose of inhaled corticosteroid
 - Add on leukotriene inhibitor
 - Add on short course of oral steroid
 - Check the inhaler technique T
22. Immunocompromised patient with ring enhanced lesions on the CT scan of brain. Patient with whitish plaque on sides of tongue. What's the most likely? Presented with neurological deficits
- Toxoplasmosis
 - Cryptococcal meningitis
 - Acute viral infection
 - TB meningitis
 - mycoplasma pneumoniae
23. Patient with Hepatitis B- What kind of Glomerulonephritis
- Minimal Change
 - Membranous
 - Mesangiocapillary
 - Membranoproliferative

E. Rapidly progressive

24. A 62 years old gentleman had history of COPD, currently with full stomach is brought to OT for urethral injury. Which is the best anaesthetic given to him?

- A. Regional anaesthesia (epidural or spinal) *
- B. General anaesthesia
- C. Local infiltration with sedative
- D. Intravenous anaesthesia
- E. Dissociative anaesthesia

25. A 6 year old presented with empty scrotum, bilaterally. On examination no testes palpable. What's the most appropriate management?

- A. Genetic counseling
- B. Ultrasound follow-up
- C. Exploratory orchidoplexy.
- D. Follow-up in clinic
- E. Steroid

26. 27 year old lady, a known case of SLE presented with right hip pain. X-Ray showed right hip osteonecrosis of femoral head. What's the likely cause?

- A. Alcohol
- B. Coagulopathy
- C. Steroid
- D. Gaucher's disease
- E. Septic arthritis

27. What is the main difference between cardiogenic & hypovolemic shock?

- A. Clammy, cold peripheries
- B. Distended neck vein
- C. Nail pallor
- D. Oliguria
- E. Tachycardia

28. One year old Dolly who is known to have TOF presented with breathlessness and progressive cyanosis since waking up. Her brother has asthma. Her vital signs were as follows: Pulse rate: 150/minute

Respiratory rate: 54/minute

Temperature: 37 degree Celsius

What is your diagnosis?

- A. Acute bronchiolitis
- B. Bronchial Asthma
- C. Hypercyanotic spell
- D. Congestive Heart Failure
- E. Foreign body inhalation.

29. A 10 years old girl, with history of polyuria and recurrent vomiting. She developed drowsiness and sunken eye. Upon at A&E, she was drowsiness. CRT<2 seconds, Breath deep sighing with sweet smell. HR= 88 bpm, BP=95/65mmHg. RR=16, T=37C. What is your BEST management?

- A. Give intravenous bolus run fast
- B. Calculate fluid deficit and correct the hydration with 0.9% normal saline over 48 hours and start insulin infusion
- C. Give bolus normal saline 0.9% within 2 hours and start infusion of insulin T
- D. Calculate fluid deficit and correct the hydration with 0.9%normal saline over 48 hours and give subcutaneous insulin
- E. Give her fluid as she can tolerate orally

30. 32 year old man with hypercalcaemia, hyperprolactinaemia, decreased libido and peptic ulcer. Likely to be?

- A. MEN 1
- B. Pituitary tumour
- C. Zollinger Ellison
- D. Paraneoplastic syndrome
- E. Hyperparathyroid?

31. 40 year old patient with PT normal, Serum Fib normal, BT normal, aPTT prolonged but when given normal plasma aPTT become normalized. What is the most likely problem?

- A. Von Willebrands
- B. Antiphospholipid
- C. Haemophilia B

- D. Recent aspirin ingestion
- E. Factor VIII deficiency

32. Investigations in a patient with acute chest pain in the A& E that is most likely to be unhelpful

- A. cardiac enzymes
- B. potassium
- C. ECG
- D. Telemetry
- E. Echocardiogram

33. 60 year old man, beer- jaundice & lethargy (no duration was given). Has been on Perindopril for HPT x 2yrs. Simvastatin for hypercholesterolemia x 2months. A known Hepatitis B carrier.

Ix = ALT, AST raised, Albumin normal; Hbs Ag = +ve, Hbe Ag = -ve
What is the most likely cause of the abnormal liver function?

- A. Alcoholic hepatitis
- B. Acute Hepatitis B
- C. Cirrhosis
- D. Perindopril
- E. Simvastatin

34) Mallet finger is due to the avulsion of the extensor tendon of

- a) proximal phalanx
- b) middle phalanx
- c) distal phalanx*
- d) interphalangeal
- e) metacarpal

35) Post-op prognosis for neurologic spinal cord compression injury is determined by

- a) pre-op neurologic status*
- b) the extent of the spinal cord compression
- c) the degree of bony destructions
- d) urinary retention
- e) MRI findings

36 63 years old man had cyclic painful left 4th toe for 2 days. He has no previous similar complaint. The dorsalis pedis and posterior tibialis artery are palpable on both side. What is the MOST likely diagnosis?

- A Raynaud's disease *
- B Arthroembolism
- C Venoembolism
- D Deep vein thrombosis
- E Buerger's disease

37 An 16-year-old boy suddenly developed tender, pain and red swollen right scrotum without any history of trauma and dysuria. The scrotum is swollen and tender and the testicle is situated high in the scrotum. The most likely diagnosis would be:

- A Strangulated right inguinal hernia
- B Right varicocele
- C Right torsion of testes *
- D Infected hydrocele
- E Epididymorchitis

38 45 years old gentleman presented with severe epigastric pain and spread to the whole abdomen. He had history of epigastric pain, burning sensation off and on for the past 3 years, that occurs especially hungry and relived by food and antacid. On examination, the abdomen is mild tender, guarding and rigidity. What is your MOST likely diagnosis?

- A Acute cholecystitis
- B Acute exacerbation of gastritis
- C Acute pancreatitis
- D Acute appendicitis
- E Perforated duodenal ulcer *

39) which spinal cord syndrome has the BEST prognosis with ambulation?

- a) central cord
- b) Brown sequard
- c) anterior cord
- d) posterior cord
- e) cauda equina*

40) clinical finding in early haemorrhagic shock

- a) decrease diastolic pressure
- b) decrease systolic pressure
- c) decrease haemoglobin level
- d) low urine output
- e) tachycardia*

41. Patient with intraocular foreign body.

A patient came in with painful red eye. He has history of grinding metal without wearing eye protector. Physical examination revealed there was iridotomy and segmental cataract. He has deep anterior chamber. What is the best investigation?

- A. X-ray of orbit
- B. CT Scan of orbit and head*
- C. MRI
- D. FFA

42) saddle nose may be due to the following except:

- a) overresection of septal cartilage
- b) nasal trauma
- c) septal abscess
- d) rhinoscleroma

43. 21 year old football player was hit at the side of the head and had loss of consciousness, complained of severe headache and blurry of vision since regain his consciousness. His GCS was 15/15. Neuro examination revealed right pupil dilated. What is the most likely diagnosis?

- A. Cerebral concussion
- B. Subdural haematoma
- C. Subarachnoid haematoma
- D. Extradural haematoma *
- E. Intracerebral haemorrhage

44. A 38 year old man came to A&E department with complain of pre rectal bleeding for 2 days. Colonoscopy and CT scan revealed diverticulitis confined to sigmoid colon. No associated pericolic abscess. Which of the following is the BEST treatment option for this case?

- A. Give steroids
- B. Urgent surgical resection
- C. NG suction, IV fluid and antibiotics *
- D. Diverting colostomy
- E. Diagnostic laparoscopy

45 22 years old, Malay girl, and G1P0, currently come to your office at 6 weeks of gestation for routine antenatal check-up. She had no active complaint now. She does not smoke and did not take alcohol. Her VDRL test and Treponema pallidum Surface Immunofluorescence Assay were both positive. She had history of severe allergy reaction to penicillin 5 years ago. What is the BEST treatment now?

- A Tetracycline
- B Erythromycin
- C Doxycycline
- D Ceftriaxone
- E Penicillin desensitization

46 37 yo G1P0, primary infertility for 7 years, took drugs for ovulatory induction, currently pregnant at 30 weeks, fundal height 36, SFH 28 wks, U/S showed twins. most likely

- A Dichorionic diamniotic twin
- B Monochorionic monoamniotic twin
- C Monochorionic twin
- D Monochorionic Diamniotic twin
- E high incidence of twin to twin transfusion.

47 A newborn baby was brought to neonatal unit due to meconium aspiration. His Apgar score was 3 in 1 minutes and 5 in 5 minutes. Resuscitation was given. He was intubated and ventilated and Intravenous dextrose was given. By the 12 hours of life, the baby developed cycling movement/rhythm of the anterior right arm and rapid movement of the lip chewing. What is the most likely cause for the movement?

- A Hypoxic-ischaemic encephalopathy T
- B Hypoglycemia
- C Hypocalcemia
- D Generalized epilepsy

E Hyponatraemia

48 A 7-week-old boy presented with cough and poor feeding. On examination, his respiratory rate was 70 breaths/min, weight was 3kg, there was systolic murmur heard and the liver was palpable 4cm below the costal margin.

- A Ostium secundum atrial septal defect
- B Patent ductus arteriosus
- C Large ventricular septal defect T
- D Mild to moderate pulmonary stenosis
- E Critical aortic stenosis

49. 46 year old, heartburn, dysphagia, 6 months, solids to liquid. Telangiactasia, non smoker, Swallowing problems, skin tight, beak like nose, small mouth

- A. dysmotility due to Mixed connective tissue disease
- B. lower oesophageal Ca
- C. globus hystericus
- D. extrinsic compression on oesophagus
- E. oesophageal stricture secondary to reflux disease

50. Raynaud's with dry eyes, Rheumatoid factor is positive, athralgia,

- A. Sjogren's
- B. Rheumatoid Arthritis
- C. Systemic Lupus
- D. Dermatomyositis
- E. Scleroderma

Set 4

1. 54 year old gentleman gave a history of intermittent claudication for the past 8 years. He presented with progressive abdominal pain and vomiting for the past 6 weeks. It was aggravated by heavy meal. He also complained of alternating diarrhea and constipation. On PE, there is bruit heard on the abdomen. What is the most probable diagnosis?

- a. Chronic pancreatitis
- b. Peptic ulcer disease
- c. Chronic cholecystitis
- d. Chronic bowel ischaemia
- e. Carcinoma of the colon

2. 35 years old woman presented with plethora, moon face, hyperpigmentation, acne and hirsutism. What are the possible hormonal imbalances?

- a. High ACTH, cortisol and DHEA.
- b. High ACTH and cortisol only.
- c. Low ACTH and cortisol.
- d. High ACTH and low cortisol
- e. Low ACTH, low cortisol and high DHEA

3. 45 years old lady presented with bilateral greenish nipple discharge. No lump palpable. Nipple slightly retracted. Not taking any medication. Mammography and ultrasound showed no evidence of carcinoma. Most likely diagnosis is:

- a. Galactorrhea
- b. Duct ectasia
- c. Duct papilloma
- d. Fibroadenoma
- e. DCIS

4. What is the best assessment to evaluate child growth?

- A. Body Mass index
- B. Upper and lower segment ratio
- C. Bone age
- D. Height velocity
- E. Arm span width

5. A previously healthy 6 months old baby boy is brought to the hospital due to right thigh swelling. The mother claimed that the baby was crying and unwell. X-ray showed fracture of midshaft femur. The father said that his elder brother who was 18 months old was carrying him and accidentally dropped him. What is the next appropriate step?

- A. Confirmation of parents regarding the history
- B. Magnetic Resonance Imaging of the knee
- C. Operation and internal fixation of the fracture
- D. Skeletal survey
- E. Factor VIII assay infusion

6. A 6 years old child was diagnosed to have nephrotic syndrome a year ago. Now, he had off corticosteroid treatment for the past 2 months, and was brought to the A&E due to low grade fever and severe abdominal pain for the past 8 hours. There was no vomiting or diarrhea. On examination, he looks ill and on pain with mild periorbital edema, temperature 38.5C, Heart rate= 116bpm, Blood pressure 100/60mmHg. And capillary refilling time is less than 2 seconds. The abdomen is slightly distended and tender, the urine dipstick showed protein 4+. What is the MOST appropriate diagnosis/cause?

- A. Hypovolaemic shock
- B. Acute gastroenteritis
- C. Renal vein thrombosis
- D. Spontaneous bacterial peritonitis
- E. Septicaemic shock

7. Cognitive psychotherapy focused on:

- a. Imminent dreams
- b. Transference modification
- c. Faulty ideas and thoughts
- d. Relaxation technique
- e. Desensitization

8. 28 years old, G2P1 at 40 weeks 5 days POA, presented with contraction pain for 2 hours prior to admission. On examination, there is singleton in longitudinal lie and cephalic presentation, head is 3/5 palpable. VE showed os=3cm, cervix 50% effaced, station +1. Four hours later, there was no improvement in labor. Fetal heart rate is good. What is

your next management?

- a. Augment the labor with high dose pitocin
- b. Emergency LSCS
- c. Reassurance, relax and sleep
- d. ARM and pitocin
- e. VE every 2 hours

9.2 years old boy was diagnosed to have UTI. He was given antibiotic. Urine culture done after completing antibiotic was sterile. Abdominal ultrasound was normal. What is your next step?

- a. Continuous low dose antibiotic prophylaxis
- b. Radioisotope scan for kidney scarring
- c. Voiding cystourethrogram
- d. Repeat culture after a week
- e. Check blood urea and creatinine

10. 40 year old patient with PT normal, Serum Fib normal, BT normal, aPTT prolonged but when given normal plasma aPTT become normalized. What is the most likely problem?

- A. Von Willebrands
- B. Antiphospholipid
- C. Haemophilia B
- D. Recent aspirin ingestion
- E. Factor VIII deficiency

11. A 21 year old woman presented to SOPD with multiple lower extremities varicose vein. She has large varicosity along distribution of long saphenous vein. What is the BEST management?

- A. Ligation and stripping operation *
- B. Ligation of both long saphenous vein and short saphenous vein
- C. Sclerotherapy
- D. Duplex scan
- E. Compression stocking and anticoagulation therapy

12. Middle age woman with venous ulcer just above the medial malleolus. Which of the following will cause more harm than good to the patient?

- a. Bed rest and elevate leg
- b. Ligation of the ankle perforator veins
- c. Apply topical antibiotic on ulcer
- d. Wear compression bandage
- e. Graded compression stocking

13. 28 years old, G2P1 at 30 weeks POA, presented with sudden onset of SOB, edema. She had a history of VSD during childhood and corrective surgery was done at 12 years old. She had a previous uncomplicated SVD full term. Which of the following the best management?

- a. Ask further history to rule out heart failure
- b. Echo to assess her heart status
- c. FBC
- d. Refer cardiologist
- e. Termination of the pregnancy

14. Investigations in a patient with acute chest pain in the A& E that is most likely to be unhelpful

- A. cardiac enzymes
- B. potassium
- C. ECG
- D. Telemetry
- E. Echocardiogram

15. Jaundice, pruritus LOW 8kg, alcoholic 10 yr w 2 tin of beer per day, past 12 month isoniazid for TB, U/S show 2 gall stone

- A) CA head of pancreas*
- B) alcoholic hepatitis
- C) cholelithiasis
- D) isoniazid induced cholelithiasis

16) A patient with type IIIB tibia fracture, given gentamicin and ceftazidime. However, the patient has loose stool. The stool shows the clostridium difficile toxin. Which antibiotic should be given?

- a) tobamycin
- b) ampicillin

- c) cefozilin
- d) metronidazole*
- e) clindamycin

17) Commonest organism isolated from patients with necrotising fasciitis

- a) group D streptococcus
- b) group A streptococcus*
- c) pseudomonas aeruginosa
- d) staphylococcus aureus
- e) salmonella typhi

18 35 years old, G5P3+1 at POA of 40 weeks come in with complaint of contraction pain & show & leaking liquor. Her post obstetric history revealed that 1st pregnancy end with emergency LSCS due to fetal distress. 2nd pregnancy ends with normal spontaneous vaginal delivery. 3rd pregnancy was complicated with shoulder dystocia & fetal cleidotomy was done. The fetal weight was 3.8kg. Currently, the fetal is well & no any neurological deficit. Currently, on examination, there is a midline incision scar. The uterus is 38 weeks size and cephalic presentation. The estimated fetal weight is 3.8kg to 4.0kg. On examination, the blood pressure is 130/70 mmHg, & temperature is 36.8C. Vaginal examination revealed: Vulva: NAD, Os: 0.5 cm, soft, axial, 4cm in diameter, Liquor: clear. What's BEST action now?

- A Admit to labour ward and start pitocin augmentation
- B Emergency lower segment Caeserean section due to previous classical scar
- C Emergency lower segment Caeserean section due to previous history of shoulder dystocia
- D Admit to labour ward and start IV antibiotic and pitocin
- E Admit to labour ward and start short trial of vaginal delivery and continous CTG monitoring.

19 Which of the following is CORRECT in Intrauterine death during third trimester?

- A Tendency to thromboembolism
- B Induction of labour immediately
- C Lactation will not occur after delivery of dead fetus
- D Must register after delivery
- E Caesarean section to deliver the dead fetus

20 3 months old, girl, presented with fever, evolving rash and poor Capillary Refilling Time. At emergency and trauma department, IV access was obtained. The next step is:

- A Start intravenous antibiotic
- B Notify public health
- C Give chemoprophylaxis to all staff at AnE
- D Skin swab
- E Lumbar puncture T

21.A 4-day-old infants presented with sudden onset of cyanosis, shortness of breath and severely ill. No murmur was heard. CXR showed an 'egg on side' appearance. He was rushed for a cardiac catheterization procedure. What is the most likely diagnosis?

- a.Truncus arteriosus
- b.Transposition of great arteries *
- c.Tetralogy of Fallot
- d.Hypoplastic left heart syndrome

22. 25 years old RTA develop tension pneumothorax. What is the first thing to do?

- A.Insert a chest tube at safety triangle
- B.Do a chest x-ray to confirm diagnosis
- C.Put a needle at right 2nd midclavicular line *
- D.Refer surgical team
- E.Intubate the patient

23. 15 year old boy was brought to the A&E department by pre-hospital trauma team for severe burn injury associated with shock. A&E specialis dis venous cut down for fluid replacement. Choice of infusion for the first 8 hours is?

- A.Dextran 70
- B.Dextrose saline
- C.Gelofusine
- D.Hetastarch
- E.Ringer's lactate *

24)the best treatment of mild epistaxis from little s area is:

- a)anterior nasal pack
- b)cautery of the bleeding point T
- c)posterior nasal pack

d) blood transfusion

25) referred otalgia may be due to the following except:

- a) acute suppurative otitis media
- b) quinsy
- c) dental infection
- d) maxillary sinusitis

26. A patient with cerebrovascular accident, paralysis of right side of body. He came in with complained of eye problems. he has left homonymous lower quadrantanopia. Where is the lesion?

- A. Optic chiasm
- B. Optic tract
- C. Left parietal lobe*
- D. Left temporal lobe
- E. Visual cortex

27. AIDS opportunistic infection are:

- A. P. carinii
- B. MAI
- C. Cryptococcus
- D. CMV
- E. candida*

28. 50 years old man was diagnosed as COPD 3 years ago. The following are the result from his ABG.

pH : 7.34
HCO₃⁻ : 30mmol/L
PaO₂ : 55mmHg
SaO₂ : 90%
PaCO₂ : 60mmHg
BE : +2

What is your interpretation from the ABG??

- A. Acute type I RF
- B. Acute type II RF
- C. Chronic type II RF*
- D. Chronic type I RF
- E. Acute on chronic type II RF

29) Which is the primary blood supply of the humeral head?

- a) thoracoacromial
- b) posterior humeral circumflex*
- c) anterior humeral circumflex
- d) suprascapular
- e) suprahumeral

30. A 2-year-old child was brought in to clinic by mother with complained of painless limp while walking. What is the most likely diagnosis?

- A. Poliomyelitis of lower limb
- B. Perthes disease
- C. Congenital dislocation of hip*
- D. Slipped upper femoral head
- E. Septic arthritis

31 55 years old lady, had early menopause at 42 years old, with vasoactive symptoms which are ceased now. Currently, she complaint of vaginal dryness and dyspareunia. Her BMI is 40. She is occasional smoker. Biopsy of breast 2 years ago leads local resection of fibromyoma and atypical. She had family history of maternal osteoporosis and her father died due to myocardial infraction. What is the most appropriate investigation for her now?

- A. MOGTT
- B. Serum lipid profile
- C. Serum lipid profile and mammography
- D. UFEME and high vaginal swab
- E. Bone density scan and Serum lipid profile and mammogram

32 18 years old lady complaint of left labia majora swelling which worsened within 3 days. She has tried hot wintz bath and some analgesics but not helpful. Physical examination revealed 6cm, red, tender and swollen cystic mass up to the base of left labia majora. What is the best management?

- A. Remove the cyst

- B Give ice-packing to reduce swelling
- C Give IV antibiotics
- D Give broad spectrum antibiotics
- E Perform marsupialisation and continue oral antibiotics

33. A 2-year-old girl was found by her mother with an open bottle of pills. She was sleepy but arousable. Pulse rate was 126 bpm, RR 12/min, BP 88/56 mmHg, pupil size 1mm and reactive, lung was clear with good air entry and SpO₂ of 98%. What is the most appropriate management?

- a. Monitor and intubate if deteriorated
- b. Intubation immediately
- c. Administration of activated charcoal
- d. IV naloxone *
- e. Induce vomiting by Ipecac

34. A 3-year-old boy with history of uncontrolled asthma, currently on regular inhaled steroid and beta-agonists PRN. What is the most appropriate next step?

- a. Add long acting beta-agonist
- b. Increase dose of steroid
- c. Add leukotriene modifiers
- d. Start on oral steroid
- e. Check inhaler technique *

35. 45 year old man with history of heavy drinking and fatty meal, presented with upper abdominal pain radiated to the back. 4 weeks later he developed a mass at left hypochondrium. What is the most likely diagnosis?

- A. Acute dilatation of stomach
- B. Chronic pancreatitis
- C. Ca stomach
- D. Pseudocyst of pancreas *
- E. Splenomegaly

36. 35 year old lady with G8P7 and evidence of fetal distress for emergency LSCS. What is the best anesthetic procedure?

- A. Spinal anesthesia
- B. Epidural anesthesia
- C. General anesthesia *
- D. Local anesthesia
- E. Combined epidural-spinal anesthesia

37) A 3 years old boy complained of sudden acute respiratory distress, with spasmodic cough, cyanosis & acting accessory respiratory muscles is most probably due to :

- a) acute follicular tonsillitis
- b) foreign body inhalation T
- c) adenoid hypertrophy
- d) vocal cord nodule

38) proptosis may be due to the following except:

- a) frontoethmoidal cyst
- b) osteoma of the frontoethmoid
- c) antrochoanal polyp T
- d) nasopharyngeal fibroma

39. A 46 years gentleman, presented with history of itchiness, burning or foreign body sensation and redness of both eyes for 2 years. On examination, there is a thickening of upper eyelid, papillae formation. The following can be used as the treatment for him, except:

- A Lid hygiene
- B Eyelid antimicrobial ointment
- C Cycloplegia eye drop T
- D Artificial tear
- E Topical steroid

40. Rusty sputum, chills and rigors, pain at lower part of back of right chest worsen by coughing for 2 days. On examination, Herpes Labialis, trachea mid position, dullness over right lower chest posteriorly and bronchial breath sound associated with fine crackles & pleural rub over area of dullness. What is the most likely provisional diagnosis?

- A. RUL consolidation d/t Strep pneumoniae
- B. RUL consolidation d/t ??????
- C. RML consolidation d/t Strep. pneumoniae

D.RLL consolidation d/t Strep. Pneumoniae*
E.RLL consolidation d/t pulmonary tuberculosis.

41.cause for growth disturbance in a child with physal fracture is

- A.Injury to the nerve at the epiphysis
- B.Bony overgrowth*
- C.Fibrous overgrowth
- D.Injury to the vessel supplying the epiphysis
- E.Into the joint

42.A man complained of stepping on a rusted nail. What is the 1st line of treatment for preventing of gas gangrene?

- A.Hydrobaric acid for the hand
- B.Give immunoglobulin
- C.Oral antibiotic *
- D.Wash the wound thoroughly
- E.Clean and close the wound

43 Madam SZN, 34 years old, parity 4 come to Accident and emergency department at SGH,due to prolonged heavy menses, with severe painful during menstruation. On abdomen examination shows uterus is 14 weeks size. The pulse rate is 92 beak per minute, blood pressure is 100/70mmHg,Hb level is 10.2g/dL, ultrasound examination makes the diagnosis is adenomyosis.

The MOST appropriate treatment for her is:

- A Admit to ward to total abdominal hysterectomy
- B Discharge with haematinics and tranxanemic acid
- C Inserted Levanogestrel intrauterine device. (LNG-IUS)
- D Admit and planned for hysterecsopy and diagnosctic dilatation and curettage
- E Intramuscular depo provera to induce amenorrhoea.

44 53 years old, lady undergoes laparotomy because of pelvic mass. On exploratory laparotomy, unilateral ovarian tumour was found, and associated with large omentum metastasis. Frozen section revealed serous cystadenocarcinoma. What is the appropriate intra-operation plan?

- A Total Abdominal Hysterctomy and Bilateral Salpingo-Oophorectomy plus omentectomy, plus lymph node clearance
- B Omentectomy and cystectomy
- C Omentectomy and bilateral salpingo-oophorectomy
- D Excisional omentectomy and unilateral oophorectomy
- E Omentectomy and bilateral salpingo-oophorectomy

45.A child was suspected to be abused by his parents. What is the best imaging to exclude NAI?

- a.Plain X-ray of all bones *
- b.Whole body bone scintigraphy
- c.CT scan of brain
- d.CT abdomen
- e.CT thorax

46.A child presented with gross haematuria and sore throat. He was afebrile with BP of 155/85mmHg. Dipsticks showed blood 4+, protein trace, no leukocyte and nitrates. UFEME showed red cell cast. His father claimed that the child had 2 previous episodes of similar attack. No significant family illness. What is the most likely diagnosis.

- a.Recurrent urinary tract infection
- b.PSAGN
- c.IgA nephropathy *
- d.Alport syndrome
- e.HSP

47)the most serious complication after tonsillectomy:

- a)respiratory obstruction T
- b)reactionary haemorrhage
- c)incomplete removal
- d)infection

48)otoscopic manifestation of chronic secretory otitis media may include the following except: a)perforation at pars flaccida T

- b)transverse handle of malleous
- c)absent cone of light
- d)air bubbles behind the tympanic membrane

49) tonsillectomy is absolutely contraindicated in :

- a) chronic tonsillitis
- b) quinsy
- c) haemophilia T
- d) below five years

50. A patient came in with painful red eye. He has history of grinding metal without wearing eye protector. He claimed that there is something protrude into his eye. Physical examination revealed there was iridotomy and segmental cataract. He has deep anterior chamber. Which of the following investigation to look for intraocular foreign body?

- A Ultrasound scanning of the eye.
- B X-ray of orbit T
- C MRI of the orbit
- D Indirect binocular ophthalmoscope
- E Fluorescein angiogram

Set 5

1. A 22-year-old lady presented with fever and petechial rash. Her platelet count was 16,000/mm³. She was hypotensive. What is the most likely diagnosis?

- A. Immune thrombocytopenic purpura
- B. Dengue haemorrhagic fever *
- C. Malaria
- D. Leptospirosis

2. Which of the following has the least possibility of pathological fracture?

- A. Chronic infection
- B. Aneurysmal cyst
- C. Chondrosarcoma
- D. Acute infection *
- E. Postmenopausal osteoporosis

3. A 4-day-old infant presented with sudden onset of cyanosis, shortness of breath and severely ill. No murmur was heard. CXR showed an 'egg on side' appearance. He was rushed for a cardiac catheterization procedure. What is the most likely diagnosis?

- A. Truncus arteriosus
- B. Transposition of great arteries *
- C. Tetralogy of Fallot
- D. Hypoplastic left heart syndrome

4. A G3P2 came in with preterm labour. What is the most appropriate management?

- A. Nifedipine
- B. Dexamethasone *
- C. Salbutamol
- D. GTN
- E. Prostaglandin

5. A 35-year-old lady presented with recurrent vaginal candidiasis, polyuria and polydipsia. What is the most suitable test for diagnosis?

- A. Blood glucose measurement immediately
- B. Urine for glucose
- C. Glycosylated hemoglobin
- D. Blood glucose measurement after an overnight fast *
- E. 100g OGTT

6. A 45-year-old man has been complaining of feeling of unwell and loss of weight for several months. He also had slight fever, headache and neck stiffness for the past 4 weeks. CSF analysis showed ICP of 50cmH₂O, cell count 750/mm³ 90% lymphocytes, protein 0.9g/L and glucose 30% of RBS. What is the most likely diagnosis?

- A. Bacterial meningitis
- B. Partially treated meningitis
- C. Viral meningitis
- D. Cerebral abscess
- E. Cryptococcal meningitis *

7. A 2-year-old boy presented with sudden onset of testicular pain. PE revealed reddened, swollen and high lying testes. What is the most appropriate management?

- A. Give antibiotics and rest
- B. Apply warm compression
- C. Exploration of testes *
- D. Discharge home with reassurance

8. An industrial worker injured his middle finger and continues working. On the night of the same day, he developed pain at the middle finger extending from the tip to the palm. His middle finger was erythematous, swollen and pain on passive extension. What is the most appropriate management?

- A. Oral antibiotics and rest
- B. Needle aspiration of pulp and IV antibiotics
- C. Incision and drainage of pulp and IV antibiotics
- D. Tendon sheath exploration, tendon washout and IV antibiotics *
- E. Tendon sheath washout, carpal tunnel release and IV antibiotics

9. A G9P8 at 40 weeks + 5 days POA, presented with contraction pain. PE revealed cephalic presentation, longitudinal lie and head 3/5 palpable. VE showed cervical dilatation of 4 cm, cervix effacement of 75%, medium consistency and posterior. 2 hours later, VE showed insignificant dilatation. CTG was reactive. What is the most appropriate

management?

- A. Augment with pitocin
- B. Emergency LSCS due to CPD
- C. ARM & pitocin augmentation *
- D. Reassurance and repeat VE 2 hour later

10. A 20-year-old man presented with DKA. He was dehydrated with glucose level of 20 mmol/L, K⁺ of 6 mmol/L, pH of 7.1 and bicarbonate of 10 mmol/L. What is the most appropriate management based on priority?

- A. Cardiac monitoring, IV fluid fast bolus & IV insulin bolus *
- B. IV insulin bolus and IV fluid fast bolus
- C. Sodium bicarbonate, IV insulin bolus & IV fluid fast bolus
- D. Replace potassium, IV fluid fast bolus & insulin bolus

11. A 45-year-old presented with mass on right lobe of thyroid, which is firm in consistency & non-tender. A palpable LN was noted near the mass measuring 1 cm in diameter. What's the most appropriate test to determine the diagnosis?

- A. Ultrasound
- B. CT scan
- C. Thyroid function test
- D. FNAC *
- E. Trucut biopsy

12. A person had anterior cruciate ligament tear. He had difficulty in:

- A. Going upstairs
- B. Going downstairs
- C. Walking in uneven floor
- D. Sitting with internal rotation state
- E. When trying to stand from sitting

13. A P1 lady, who had just given birth 5 months ago, presented to clinic for contraception. She is currently breastfeeding and has not had her menstruation yet. What is the most appropriate contraceptive advice?

- A. Combined OCP
- B. No contraception as she is having lactational amenorrhea *
- C. Depo-provera or POP
- D. IUCD
- E. COCP on her next menstrual cycle starting of day 1 – 5

14. A 50-year-old gentleman presented with reduced effort tolerance, orthopnea and bilateral leg swelling. What is the most appropriate diagnostic test?

- A. Chest X-ray
- B. Electrocardiogram
- C. Echocardiography *
- D. Angiography

15. A man presented with severe UGIB from variceal bleeding. He was not responsive to terlipressin. What is the most appropriate management?

- A. Insertion of Sengstaken Blackmore tube * (LWJ)
- B. Urgent esophageal transaction
- C. Emergency spleno-renal shunt
- D. Emergency porto-caval shunt
- E. Urgent TIPSS * (Hanne)

16. A 3-weeks-old child presented with jaundice. Otherwise, he was feeding well and thriving. What is the most appropriate investigation?

- A. Liver function test
- B. Thyroid function test
- C. Direct and indirect bilirubin *
- D. Coomb's test

17. A 45-year-old nulliparous lady presented with menorrhagia for 6 months with Hb of 6.7 g/dL. Ultrasound revealed posterior fibroid of 3x3cm and ET of 22.8mm. What is the most appropriate management?

- A. Pipelle sampling as outpatient
- B. Fractional curettage
- C. Hysteroscopy and diagnostic curettage *
- D. Blood transfusion and GnRH for 6 months

18. A 20-year-old gentleman presented with high fever, right chest pain and cough with purulent sputum. Physical examination revealed stony dullness on percussion, bulging chest wall and tenderness on the right chest. What is the

most likely diagnosis?

- A.Lung abscess
- B.Emphysema *
- C.Lobar pneumonia
- D.Pneumothorax

19.A 20-year-old lady with a history of inflammatory bowel disease, presented with intermittent jaundice and RHC pain. What is the most likely diagnosis?

- A.Ascending cholangitis
- B.Primary biliary cirrhosis
- C.Primary sclerosing cholangitis *
- D.Leptospirosis

20.A 14-year-old girl was found to be short with height far below 3rd centile. Her weight corresponds to her height and breast development stage 2. A fold was noted on her neck bilaterally up to the shoulder. What is the most likely diagnosis?

- A.Turner syndrome *
- B.Down syndrome
- C.Constitutional delayed growth

21.A lady with previous history of hydatiform mole was noted to have elevated β -hCG at the 8th week. Ultrasound revealed a suspicious mass in the uterus. What is the most appropriate management?

- A.Suction & curettage
- B.EMACO regime
- C.Scoring & appropriate chemotherapy *
- D.Radiotherapy

22.A 50-year-old man complained of progressive muscle stiffness, rigidity and tremor. He had difficulty in getting out of chair. Muscle strength, reflex and tone were normal. Where is the most likely site of lesion?

- A.Cerebral cortex
- B.Basal ganglia *
- C.Cerebellum
- D.Spinal cord
- E.Neuromuscular junction

23.What is the best method of determining successful resuscitation in burn patient?

- A.Pulse rate
- B.Blood pressure
- C.Pulse pressure
- D.Urine output *
- E.Respiratory rate

24.A 2-year-old girl was found by her mother with an open bottle of pills. She was sleepy but arousable. Pulse rate was 126 bpm, RR 12/min, BP 88/56 mmHg, pupil size 1mm and reactive, lung was clear with good air entry and SpO₂ of 98%. What is the most appropriate management?

- A.Monitor and intubate if deteriorated
- B.Intubation immediately
- C.Administration of activated charcoal
- D.IV naloxone *
- E.Induce vomiting by Ipecac

25.A G3P2 at 34 weeks POA, was involved in RTA. She was wearing a seat belt and was thrown in front. She presented with PV bleeding. Ultrasound showed no retroplacental clot. VE revealed fresh blood and cervical dilatation of 3 cm. CTG showed suspicious tracing. What is the most appropriate management?

- A.Rehydrate and repeat CTG *
- B.ARM & pitocin to augment delivery
- C.Emergency LSCS after stabilization of mother *
- D.Tocolysis and keep pregnancy until term

26)a newly born infant with respiratory distress & different feeding is more likely to be due to: a)laryngeal web at the anterior half of vocal cords

- b)bilateral posterior choanal atresia T
- c)congenital subglottic stenosis
- d)congenital meatal atresia

27. 50 year old patient was brought to the A&E department following cerebral haemorrhage, unconscious and slightly cyanosed. Patient has Cheyne-Stokes breathing and need oxygen therapy. Which O₂ therapy is the best?

- A. Put hyperbaric O2 chamber breathing pure O2 for 2 hours
- B. Simple face mask with rate of 6-10L/min O2
- C. Intubate the patient with ETT and put the patient under 100% O2 *
- D. Non-rebreather mask, 6-10L/min O2
- E. Venturi mask 3-6L/min O2 according to O2 needed

28. 5-day baby, PROM, jaundice on day 5. O/E: lethargy, hypothermic, jaundiced on day 5 hepatomegaly, splenomegaly, pallor. Mother: A-ve; baby : 0-ve

- a) AO incompatibility
- b) RH incompatibility
- c) septicaemia*
- d) IEM
- e) alpha-thalassemia

29. A 45-year-old obese man presented with sudden onset of pain at the right big toes associated with redness, swollen and warmth. The whole foot was erythematous and swollen. What is the most likely diagnosis?

- A. Acute cellulitis
- B. Acute gouty arthritis *
- C. Acute rheumatoid arthritis
- D. Septic arthritis

30. A man presented with recurrent epigastric pain and OGDS revealed multiple ulcers at the lesser curvature. What is the most likely cause of this condition?

- A. Gastrinoma *
- B. H. pylori infection
- C. Alcoholism
- D. Malignancy

31. A lady underwent a difficult surgery to remove a pelvic tumour. Left ureter injury was suspected. What is the most appropriate investigations?

- A. Ultrasound of kidney
- B. X-ray & KUB
- C. IVU
- D. Retrograde ureterography *
- E. CT scan *

32. A 3-year-old boy with history of uncontrolled asthma, currently on regular inhaled steroid and beta-agonists PRN. What is the most appropriate next step?

- A. Add long acting beta-agonist
- B. Increase dose of steroid
- C. Add leukotriene modifiers
- D. Start on oral steroid
- E. Check inhaler technique *

33. A 20-year-old man presented with continuous fever, anorexia, vomiting, jaundice and hepatosplenomegaly. He claimed that 3 other people in his long house have the similar symptoms. What is the most likely diagnosis?

- A. Malarial hepatitis
- B. Acute hepatitis A *
- C. Acute hepatitis B
- D. Acute hepatitis C
- E. Acute hepatitis D

34. A 40-year-old lady presented with multiple breast lumps bilaterally and pain before menses. What is the most likely diagnosis?

- A. Fibroadenoma
- B. Fibrocystic disease *
- C. Breast carcinoma
- D. Breast abscess

35. What is the most common cause of dementia in elderly?

- A. Multi-infarct dementia
- B. Alzheimer's disease *
- C. Huntington's disease
- D. Parkinson's disease

36. 10 year old girl, colicky abdominal pain, passing black stools. One day earlier, symmetrical purpuric rash on thighs and lower legs. Most likely diagnosis ;p

- a) acute pancreatitis
- b) acute urolithiasis
- c) acute ovarian torsion
- d) dengue hemorrhagic fever
- e) henoch schonlein purpura*

37. What is the most common presentation of nasopharyngeal carcinoma?

- A. Serous otitis media
- B. Nasal obstruction
- C. Neck mass *
- D. Epistaxis

38. A 55-year-old male with a history of joint pains, presented with bilateral leg edema and frothy urine. Urine FEME showed RBC 1/hpf and no red cell casts seen. Protein urine was 9.5g/day and serum albumin of 20g/L. What is the most likely diagnosis?

- A. Membranous nephropathy
- B. Amyloidosis *
- C. Lupus nephritis
- D. Acute glomerulonephritis

39. A 55-year-old hypertensive patient with renal failure. What is the most suitable test to differentiate between acute and chronic renal failure?

- A. Hemoglobin of 10g/dL
- B. Serum calcium of 1.2 mmol/L
- C. Serum phosphate of 3.3 mmol/L
- D. Ultrasound kidney of 7cm *

40. A man complained of a foreign body that goes into his eyes while he was nailing. What is the best imaging to detect the foreign body?

- A. X-ray of orbit
- B. CT scan of orbit *
- C. MRI of orbit
- D. Ultrasound B mode

41. A lady presented with joint pain of hands bilaterally associated with stiffness for a few hours in the morning. PE revealed involvement of PIP and MCP joints with effusion. What is the most suitable diagnostic investigation?

- A. ESR
- B. Rheumatoid factor *
- C. Joint aspiration
- D. ANA antibodies
- E. X-ray of hands

42. A man was referred to surgical department for swallowing difficulty due to previous stroke. What is the best method of feeding?

- A. Fine bore nasoduodenal intubation
- B. Percutaneous gastrostomy *
- C. Percutaneous jejunostomy
- D. Parenteral nutrition

43. Gastric Ca of pylorus and antrum with para aortic LN but no mets, which surgery to choose?

- a) Gastrojejunostomy
- b) Partial gastrectomy
- c) Billroth I
- d) Billroth II
- e) Gastrectomy with D2 clearance

44. A child was suspected to be abused by his parents. What is the best imaging to exclude NAI?

- A. Plain X-ray of all bones *
- B. Whole body bone scintigraphy
- C. CT scan of brain
- D. CT abdomen
- E. CT thorax

45. A child presented with gross haematuria and sore throat. He was afebrile with BP of 155/85mmHg. Dipsticks showed blood 4+, protein trace, no leukocyte and nitrites. UEME showed red cell cast. His father claimed that the child had 2 previous episodes of similar attack. No significant family illness. What is the most likely diagnosis.

- A. Recurrent urinary tract infection

- B.PSAGN
- C.IgA nephropathy *
- D.Alport syndrome
- E.HSP

46.A primigravidae at 32 weeks POA was referred from district hospital with fits and drowsiness. PE revealed BP of 160/10mmHg, urine protein 3+ and brisk reflexes. CTG was reactive. What is the most appropriate management?

- A.MgSO₄ infusion, IM dexamethasone and delivery 24 hours later
- B.MgSO₄ infusion and emergency LSCS when stable *
- C.MgSO₄ infusion and prolonged pregnancy until term if mother is stable
- D.Emergency LSCS

47.What is the most common complication of laparoscopic cholecystectomy?

- A.Ileus
- B.Common bile duct injury *
- C.Shoulder tip pain
- D.Bowel perforation

48.What is the most effective method to prevent outbreak of dengue?

- A.Destruction of Disease Bearing Insects Act
- B.Fogging of houses
- C.Destruction of Aedes breeding places *
- D.Drug treatment of all containers

49.A patient presented with fever and cough. PE revealed tachypnea, use of accessory muscle and dullness over the right upper zone. FBC showed WBC of 13x10⁹/L. ABG showed PO₂ of 65mmHg, PCO₂ of 45 mmHg. What is the most likely diagnosis?

- A.Respiratory failure type 1
- B.Respiratory failure type 2
- C.Lobar pneumonia *
- D.Bronchopneumonia
- E.Lung abscess

50.A 45-year-old man just lost his job. He was diagnosed with schizophrenia with secondary depression. What is the most appropriate treatment?

- A.Haloperidol
- B.Haloperidol + sodium valproate
- C.Haloperidol + lithium
- D.Clozapine ** CPG said this also can
- E.Aripipazole *

Set 6

1. 50 years old man, had undergone mitral valve replacement surgery. later, at 2 weeks post-op, he develop fever, nausea and not feeling well. Echo show vegetative lesion at the valvular. what is the most likely organism ?

- a) Enterococci
- b) Haemophilus Influenza
- c) streptococci
- d) Strep viridans
- e) Staph epidermidis

2. 60 years old man chief complaint of blood stain with purulent sputum. k/c of chronic cough for 5 years. Sputum production was copious. what is the best investigation.

- A. Ct scan of thorax
- B. CXR AP view
- C. CXR Lateral view
- D. Bronchoscopy
- E. Pulmonary Angiography

3. 68y/0 man with liver cirrhosis presented with fever & confusion. P/Ex showed jaundice, distended tender abdomen. Whats d most appropriate IX?

- A) Blood for c&S
- B) Abdominal paracentesis for cell count
- C) Lumbar puncture for c&s
- D) Urine for c&s
- E) Abdominal paracentesis for c&s

4. 27 years old lady presented with lethargy and nausea. P/E show signs of chronic liver disease and brownish ring at periphery of cornea. Serum copper low. MOST likely dx?

- A. hemochromatosis
- B. wilson's disease
- C. alcoholic liver cirrhosis
- D. autoimmune hepatitis

5. the following are manifestations of meiere's disease except :

- a)vertigo
- b)posterior reservoir sign T
- c)sensory hearing loss
- d)tinnitus

6. positive Romberg's test..most likely neurological lesion causing it.

- a. vestibular neuritis
- b. cerebellar infarct
- c. glove and stoking
- d. Parkinson ds
- e. DM

7. Sign of impending respi failure in croup patient?

- a) muffled biphasic stridor
- b)expiratory wheeze
- c)increased intensity of biphasic stridor
- d) subcostal intercostal recession

8.40++? female presented with hematuria, frequency, incontinence. with history of urinary calculi, pH of urine is alkaline what is the most possible organism

- a haemophilus
- b proteus mirabilis
- c atypical strep
- d e coli
- e Klebsiella

9. 65y/o,male,DM.history of fever,joint pain,WCC increase.joint aspiration straw colour,rhomboidal weakly positive biphyrgean.diagnosis?

- a) septic arthritis
- b) rheumatoid arthritis

- c) CPPD
- d) gonococcal arthritis

10. 18 y/o male with painful swollen knee hurt knee, painful warm tender. X ray showed chronic athropathy,PT 12 (n:13s) APTT 65 (n: ?)

- a)INR
- b)F VIII
- c)F XII
- d) fibrinogen
- e)F VII

11. 40 year old lady presented with moon face n buffola hump. wic 1 d BEST to establish/rule out Cushing Syndrome

- A.CT scan of adrenal gland
- B.CT scan of pituitary
- C.overnight dexamethasone suppression test
- D.plasma cortisol
- E.24 hours urine cortisol estimation

12. 36 y/o farmer, with fever and myalgia 4/7, P/E: injected conjunctiva, jaundice, muscle tenderness. IX: mild hepatitis.. wat is the diagnosis that best fit the scenario?

- a) dengue
- b)thyphoid
- c) leptospirosis
- d)scrub thypus
- e)acute hep B

13 A 21 days old child presented with persistent conjunctiva discharged. On examination, there is severe mucopurulent discharge. A diagnosis of conjunctiva neonatorum was made. What is the BEST treatment for the baby?

- A Intravenous cefuroxime with intravenous erythromycin T
- B Intravenous cefuroxime
- C Intravenous erythromycin
- D Topical cefuroxime with frequent water irrigation
- E Topical erythromycin with frequent water irrigation

14. Patient diagnosed with nephrotic syndrome. Hlstology showed minimal change disease. wic of the following always present

- A. hematuria >10/hpf
- B.Proteinuria >3.5 g/day
- C. lipiduria
- D. Red cell cast ???

15 Ray, 1 y/o boy, fever of moderate degree, crying excessively for 32-48 hrs. mother noticed he move R leg less ?? than the L leg – most likely diag

- a) gullian barre syndrome
- b) acute ostemyelitis of femur*
- c) botulism
- d) inguinal lymphadenitis
- e) cellulites

16. 48 y/o presented with 2cm painless breast lump, suspicious lesion in FNAC. Mammography shows irregular margin without microcalcification

- A) It is a benign lesion
- B) The lesion is highly to be malignant
- C) Repeat FNAC
- D) Core biopsy will be the last choice
- E) ANDI

17. 37 year old man with 2.5cm solitary thyroid nodule, firm and mobile, with no cervical lymph node. Thyroid scan shows reduce uptake. FNAC shows follicular neoplasm. Best management?

- a) reaccess after 6months
- b) trial suppression therapy with L-thyroxine
- c) inject ethanol
- d) hemithyroidectomy
- e) radioiodine therapy

18. bladder tumor measuring 3 cm, presented with gross painless haematuria, what shud u do ?

- a : cystoscope + biopsy
- b : cystoscope + resection of tumor
- C: systemic chemo
- D:intravesical chemo
- E:radio

19.A 65 year old man had undergone subtotal oesophagectomy and he developed pyrexia on the first post operative day. What is the MOST probably cause for the pyrexia

- A. Chest infection
- B. Deep Vein Thrombosis
- C. Atelectasis
- D. Thoracotomy wound sepsis
- E. Anastomosis leakage

20. a man involed in MVA, he has been in the car for 8 hours. now in shock, JVP not raised, trachea deviated to the right, no breath sound in left lung, dullness on percussion at left lung. what is ur diagnosis?

- a. flail chest
- b. massie haemothorax
- c. tension pneumothorax
- d. bronchus obstruction

21. achalasia gold standard investigation

- A.Barium swallow
- B.Oesophogoscopy
- C.Manometry
- D. CT scan thorax
- E. Radionucleid uptake

22. recurrent bilateral inguinal hernia but patient is well, what is the best advice

- a)Open surgery
- b)Laparoscopic surgery
- c)Truss
- d)Wait and see
- e)Operate big one first followed by small one

23. most appropriate investigation for pat wif chronic arterial insufficiency

- a.colour doppler
- b.angiography
- c. digital subtraction angiography
- d.photopyeloangiography (ke ape tah)
- e.CTangio

24. MOST important factors to determine mortality in UGIH in peptic ulcer

- a. age more than 60
- b. spurting from vessel
- c. SBP<100mmHg
- d. heart rate less than 100
- e. scab(something like scab over ulcer or something)

25. ENT- mechanic, bilateral hearing loss, normal tuning fork

- A: otosclerosis
- B: Meniere's disease
- C: Presbyacosis
- D: NIHL
- E: Secretory otitis media

26. Opthal: how to differentiate preseptal and orbital cellulitis

- a. chemosis
- b.proptosis
- c. RAPD positive
- d. ptosis
- e.fever

27. Lady MCV 101fl, anemic, thrombocytopenia, leukopenia.....

- a)hypersplenism
- b)myelofibrosis

- c) aplastic anemia
- d) pernicious anaemia

28. 3 months old boy, presented with intermittent inconsolable crying, associated with vomit and abdominal distension. Mother also noticed red-jelly like stool in his nappy. Abdominal ultrasound showed pseudokidney at right hypochondrium, no evidence of ischaemia.

What is your next step of treatment?

- A. Pneumatic reduction with fluoroscopy <-- Dr Ameen's ans. But he said not sure cuz this is surgical question
- B. Barium reduction with fluoroscopy
- C. Saline reduction with ultrasound guided
- D. Observed for 24 hours
- E. Open surgery

29. A 9 months old girl presented to A&E with vomiting, diarrhoea and reduced urine output for few days. She lost 1 kg since her 9 months old follow up a week ago. She appeared pink and the skin was noted to be doughy. The electrolyte result was expected to be abnormal. Intravenous fluid was initiated.

The MOST suitable fluid to be given would be:

- a. 1/4 normal saline
- b. Dextrose 10% with 1/2 normal saline
- c. Normal saline
- d. 5% albumin
- e. Fresh frozen plasma

30. 9 year old girl, brought by mum complained of 3 months history of sudden "blank" for a few seconds for several episodes. she also has symptoms of staring into space. how do u wan to manage her?

- A: Jus follow up in another visit
- B: Give antiepileptic drug
- C: Do CT-scan to exclude intracranial tumour
- D: Do EEG to suggest for the abnormal condition
- E: advice mother not to give any sport activities for her daughter

31. Boy with painful testes. Located higher than the other side. Your management

- A. Lifting & something to do with heat applied?
- B. Surgical exploration of the (testis/scrotum)
- C. wait and observe another 24 hours
- D. make ultrasound appointment

32. 6 months old child presented with fever, evolving rash and poor feeding. Poor peripheral perfusion and hard to set up IV line.

- a) start antibiotic
- b) notify
- c) blood c+s
- d) lumbar puncture

33. A 5 y/o boy had 2 days of bruises, 2 weeks history of URTI. He was well and not anaemic. No hepatosplenomegaly. Lab ix, -hb-11.8g/dl -twc-6 - platelet-30. Most appropriate tx

- A- assure and does not need tx
- B- IVIG
- C- platelet transfusion
- D- send for blood transfusion

34. IBD with Obstructed jaundice

- A. Primary biliary sclerosis
- B. Primary sclerosing cholangitis
- C. Ascending cholangitis...
- D. Fulminant hepatitis
- E. Gilbert syndrome

35. 3 years old presented with anaemia and bilateral proptosis. abd examination show palpable left upper quadrant mass. FBC shows pancytopenia. Bone scan shows multiple irregularity on both legs. what is the best ix that u would like to do?

- A: Ultrasound of abdomen
- B: Chest CT
- C: Bone marrow aspiration
- D: Urine VMA....E: not sure

36. 21 yr old g2p1, previous rupture ectopic. currently 10wk poa. no iugs. right adnexal tenderness + mass size about 1.5cm. hemodynamically stable. best management will be?
- A: laparoscopic salpingostomy
 - B: laprotomy salpingostomy
 - C: im methotrexate
 - D: laproscopic salpingectomy
 - E: monitor serum bhcg
37. A 45 y/o woman has hx of PV bleed for few mths, looked pallor presented to you. Hb was 6.7 g/dl. US revealed there was a uteroid fibroid measuring 3x3cm at posterior wall. Endometrial thickness was 22.3mm. What is the next appropriate step?
- A) Microwave endometrial ablation (MEA)
 - B) Pipelle sampling
 - C) Hysteroscopy and diagnostic curettage
 - D) GnRh agonist injection for 6 mths
 - E) Observation & reassess her again in ? (how long)
38. woman g5p4 came with transverse lie. what is the most appropriate management?
- A) arm and stabilizing induction.
 - B) exclude placenta previa
 - C) ask her to come bk at 38 weeks for ecv.
 - D) IOL at 38 weeks.
39. G9P8 with preterm labour and known case of GDM with high dose insulin. choose most appropriate mx?
- A) high dose steroid should not be used because precipitate GDM
 - B) use nifedipine
 - C) inhale salbutamol
 - D) GTN patch
40. 40 y/o, Para5, have following papsmear result shows abnormal cell at superficial, middle & lower layer of epithelium. what is ur management
- A) repeat pap smear next 6 months
 - B) con biopsy
 - C) antibiotic & repeat pap smear
 - D) Colposcopy
 - E) Hysterectomy
41. 28 years old housewife presented with 3 consecutive miscarriages occurring in 2nd trimester. Further history reveals tht the miscarriage occurs very fast. What is your management?
- A. paternal n maternal chromosomal analysis
 - B. refer to physician to screen for diabetes, thyroid disorder and lupus anticoagulant
 - C. offer cervical cerclage for the subsequent pregnancy
 - D. advise not to get pregnant for 3 years
42. 19 years old girl presented with abdominal swelling. Last menstrual period last week. USG show unilocular cyst anterior to uterus measured 16x8 cm. Ovary and uterus are normal. What is the best management?
- A. Total abdominal hysterectomy.
 - B. CT biopsy before start chemotherapy
 - C. Conservative surgery (cystectomy or oophrectomy) after review the tumor marker.
 - D. ct guided bx plus chemo
 - E. laparoscopic surgery
43. 60y/o man with hypertension & diabetes mellitus. Examining MO said he has pre-gangrenous lesion on his right foot. What could be the most likely feature?
- A) pallor on dependency of right foot
 - B) pulse present on right dorsum
 - C) rubor on elevation of right foot
 - D) dysfunction of toe muscle
 - E) trophic skin, nail changes & hair loss
44. 20 years old man in MVA and have open fracture of tibia. Most suitable mx to prevent infection?
- A. dressing, antibiotic, ext. fixation
 - B. debridement, delayed closure, ext. fixation
 - C. debridement, early closure, plating
 - D. debridement, ab, plating
 - E. debridement, ab, ext. fixation

45. purpose of doing chemo prior to surgery for bone tumor
a) reduce extent of resection
b) achieve maximal 5 years survival rate
c) reduce complications of surgery
d) reduce the rate of using prosthesis
e) assess tumor respond via the chemonecrosis bla bla bla.

46. in order of earliest to most recent:
A: hongkong flu, Spanish flu, meican flu
B: hendra, nipah, sars
C: Ebola, Lassa fever, Marburgh Fever
D: hep c, hep b, hep a
E: West nile, Chikungunya, Dengue

47. best to asses obesity
A: waist hip circumference
B: abdominal circumference
C: height wait ratio
D: weight height ratio
E: Mid arm circumference

48. unilateral offensive blood tinged purulent rhinorrhea in a 3 years old is more likely due to:
a)rhinoscleroma
b)lupus
c)foreign body T
d)adenoid

49. psychological problem in patient with cushing's syndrome/ds?
A.mania
B.psychosis
C.depression
D.anxiety
E. panic

50. A lady age 37 y/o had multiple admission since 2 years ago complaint of abdominal pain. multiple investigation done but all show no abnormality. wut is da dx?
A. conversion disorder
B. somatization disorder
C. hypochondriacal disorder
D. Histrionic personality disorder

Set 7

1. 21 y/o Malay woman, at 38 weeks POG, presented with headache, fatigue and blurry of vision. At 28 weeks POG she was diagnosed with mild PIH. O/E, she was noted to have oedema on the face and hands. BP : 170/110mmHg, urine protein 5g/24hour urine, exaggerated deep tendon reflexes. No focal neurological deficits. CTG was normal. What was the most next appropriate management?
 - A. Hydralazine and observation
 - B. Hydralazine and Oxytocin
 - C. Hydralazine and MgSO₄
 - D. MgSO₄ and fetal lung test
 - E. CAeserean section

2. 26 y/o woman at 36 weeks POG, G5P3+1, presented with leaking liquor for 1 hour duration. No contraction pain. Cervix was 1 cm dilated. Antenatal care was uncomplicated. What is the most appropriate management?
 - A. Corticosteroid for 48 hours
 - B. HVS, antibiotic, wait for 48 hours
 - C. Corticosteroids, HSV, antibiotic and wait for 48 hours
 - D. Wait spontaneous labour
 - E. HVS, endocervical swab and wait for 48 hours.

3. 20 y/o primigravida at 33weeks presented with pervaginal bleeding 2 pads fully soaked for a day. On admission the bleeding already stopped and vital sign reveled normal. Abdominal USG diagnosed this patient with Placenta Praevia type IV. How to treat this patient.
 - A. Give dexamethasone 12mg 12 hourly within 24 hours, hold patient in the hospital until 38 weeks for elective LSCS
 - B. Give dexamethasone 12mg 12 hourly within 24 hours and do speculum examination on the mother
 - C. Give dexamethasone 12mg 12 hourly within 24 hours and do Emergency LSCS
 - D. Give dexamethasone 12mg 12 hourly within 24 hours and discharge the patient after stop the bleeding for 4 days
 - E. Give dexamethasone 12mg 12 hourly within 24 hours and plan for elective LSCS at 39 weeks.

4. Mother rhesus -ve, father unknown, baby unknown, antibody -ve, how to treat?
 - A. Give Anti-D immunoglobulin @ 28 weeks
 - B. Give Anti-D immunoglobulin after delivery
 - C. STAT Anti-D immunoglobulin
 - D. No need to give because antibody -ve
 - E. No need to give because antibody -ve

5. A 30 y/o, G1P0 women at 26 weeks POG, presents to her obstetrician for antenatal check up, complained of increase fatigue which correlates with a mild physiological anaemia discovered at her last visit. Although physical examination showed normal, her urine dipstick is +ve nitrites and leucocytes esterase and a subsequent urine culture growth Streptococcus Agalacticae. When should start antibiotics?
 - A. Immediately
 - B. 1 week prior of delivery
 - C. 24 hour prior of delivery
 - D. 1 hour prior of delivery
 - E. 1 hour after delivery

6. 20 y/o women at 8 weeks was diagnosed with missed abortion. D&C was done & she was discharged 6 hour later. The next day she came at A&E with sever abdominal pain & pale. She also had pervaginal bleeding. What diagnosis?
 - A. Ectopic pregnancy
 - B. Ruptured Ovarian cyst
 - C. Uterine infection
 - D. Uterine perforation
 - E. Cervix laceration

7. A 21 y/o girl presented with Left lower quadrant pain. Also complained of vomiting. She denied any menstrual irregularity and heavy flow apart from pain in the first day of menstruation. On examination of abdomen noted mass at Left iliac fossa size 7x5cm, firm in consistency and tenderness. U/S examination revealed 7x7cm left adnexal mass with hyperechoic in some area. Temperature was normal, PR-90 bpm, BP 110/70mmHg. On investigation: TWC – 9000 cumm, Ca125 – 33u/L, AFP – 12ng/mL
 - A. Follicular cyst
 - B. Polycystic ovaries
 - C. Dermoid cyst
 - D. Fibroma
 - E. Endometroid cyst

8. 22 year old lady with sickle cell disease came for a routine check-up discussing on family planning. She has a sexual partner and claimed that she often forgets to use a condom. You have known this patient for some years and notice that she is non-compliant. She had a history of stroke for the past 2 years and had recovered uneventfully. What is the best contraception method?
- COCP
 - POP
 - IUCD
 - Depo Medroxyprogesterone acetate
 - Continue using condom
9. 24 y/o G2P1, at 8 weeks POG came to A&E with severe left iliac pain and fainting. After resuscitation, emergency laparotomy was performed showing ruptured left tubal ectopic with 500mL haemoperitoneum. Other tubal was normal, both ovaries were normal. What is your further management?
- Bilateral salpingectomy
 - Left salpingectomy or salpingotomy
 - Left Salpingostomy and oophorectomy
 - Left salpingo-oophorectomy
 - Bilateral salpingo-oophorectomy
10. 78 years old, P7+1 presented with 2nd degree Uterovaginal prolapse, what are the BEST management for her?
- Vaginal hysterectomy
 - Manchester operation
 - Assess patient's condition, investigate, counsel and treat according to patient's wishes and fitness
 - Vaginal pessary ring
 - Conservative treatment
11. The most accurate finding in diagnosis of Turner syndrome
- Short stature
 - Webbed necks
 - Karyotype of 45 XO
 - Broad chest
12. 30 yo, fever, night sweat, low, mass at RIF??
- Ileocaecal TB
 - Carcinoma??
 - Thrombosed internal haemorrhoids
 - caecal carcinoma
 - Lymphoma
13. G8P7 with acute fetal distress. Emergency LSCS
- Spinal
 - Epidural.
 - combined.
 - local
 - general
14. Multiple injury first step
- Stop bleed
 - Fluid resus
 - airway
 - Pain manage
15. 7 Years old boy was seen in the paediatric clinic. He has been using easyhaler Beclomethasone twice a day since three months ago. He still has occasionally night cough and had to use easyhaler salbutamol two to three times per week for the past one month. The MOST appropriate next step is:
- He needs long acting beta-2 agonist
 - Increase the dose of inhaled corticosteroid
 - Add on leukotriene inhibitor
 - Add on short course of oral steroid
 - Check the inhaler technique
16. A 10 years old girl, with history of polyuria and recurrent vomiting. She was developed drowsiness & sunken eye. Upon at A&E, she was drowsiness. CRT < 2 seconds, Breath deep sighing with sweet smell. HR= 88 bpm, BP=95/65mmHg. RR=16, T=37C. What is your BEST management?
- Give intravenous bolus run fast
 - Calculate fluid deficit and correct the hydration with 0.9% normal saline over 48 hours and start insulin infusion

- C Give bolus normal saline 0.9% within 2 hours and start infusion of insulin T
- D Calculate fluid deficit & correct the hydration with 0.9% normal saline over 48 hours & give subcutaneous insulin
- E Give her fluid as she can tolerate orally

17) manifestations of otogenic facial nerve paralysis may include the following except:

- a) deviation of the mouth to the same side of lesion T
- b) inability to show the teeth on whistle
- c) inability to close the eye
- d) inability to raise the eyebrow

18) conservative septoplasty is:

- a) surgical correction of deviated septum above 17 years
- b) surgical correction of deviated septum below 17 years T
- c) closed reduction of fractured septum by ash's forceps

19) examination of the chest is more important in :

- a) fixed right vocal cord
- b) fixed left vocal cord T
- c) singer's nodules
- d) laryngomalacia

20. uneventful SVD, two weeks later presented with per vaginal bleeding, no fever, no tender uterus, PE found subinvolved uterus. diagnosis?

- a) endometritis
- b) uterine atony
- c) coagulation disorder
- d) vaginal laceration
- e) retained of product of conception

21. primigravida, POG 41 weeks for IOL, os dilatation 8 cm, absent membrane, station 0, CTG type 2 deceleration 90 beats / min, contraction 4:10, each about 55s, no caput succedentum. Mx?

- a) fetal scalp blood sampling
- b) Emergency LSCS
- c) oxygen inhalation
- d) shortened 2nd stage by forcep
- e) vacuum once os full dilate.

22. 28 y/o, G4+1, amenorrhea for 9 months, last year, done suction & curettage d/t incomplete miscarriage at 14 weeks POG, following one month, diagnosed with Nasopharyngeal carcinoma treated with radiotherapy, husband has tuberculosis and under medical treatment, she is 90 kg, BP 140/80. What is the most likely causes for her amenorrhea.

- a) Asherman syndrome
- b) tuberculosis
- c) PCOS
- d) Radiotherapy
- e) Primary ovarian failure

23. 46y/o, P1+0, fibroid found on routine ultrasound. Counselling on when is a treatment needed for a fibroid.

- a) Hyaline change, where there is a sudden increase in size
- b) Difficulty conceiving or infertility (something like that)
- c) Heavy per vaginal bleeding.
- d) pain
- e) pressure symptoms

24. During routine check up, active, asymptomatic healthy 3 months old baby have bounding peripheral pulses, normal 1st and 2nd heart sound and continuous murmur

- a) VSD
- b) pulmonary stenosis
- c) coarctation of aorta
- d) ASD
- e) PDA*

25. 6 y/o boy h/c small VSD on regular f/up. Experience 2 weeks fever, 39°C, ill, lethargic, pansystolic murmur grade 4. previous Hx infective endocarditis. What's true

- a) must search for subcutaneous nodole
- b) require antibiotic 6 weeks*
- c) pulmonary embolism not likely to occur

- d) blood culture unreliable
- e) normal echocardiogram rule out Dx

26 A newborn baby was brought to neonatal unit due to meconium aspiration. His Apgar score was 3 in 1 minutes and 5 in 5 minutes. Resuscitation was given. He was intubated and ventilated and Intravenous dextrose was given. By the 12 hours of life, the baby developed cycling movement/rhythm of the anterior right arm and rapid movement of the lip chewing. What is the most likely cause for the movement?

- A Hypoxic-ischaemic encephalopathy T
- B Hypoglycemia
- C Hypocalcemia
- D Generalized epilepsy
- E Hyponatraemia

27 A previously healthy 6 months old baby boy is brought to the hospital due to right thigh swelling. The mother claimed that the baby was crying and unwell. X-ray showed fracture of midshaft femur. The father said that his elder brother who was 18 months old was carrying him and accidentally dropped him. What is the next appropriate step?

- A Confirmation of parents regarding the history T
- B Magnetic Resonance Imaging of the knee
- C Operation and internal fixation of the fracture
- D Skeletal survey
- E Factor VIII assay infusion

28 A 6 years old child was diagnosed to have nephrotic syndrome a year ago. Now, he had off corticosteroid treatment for the past 2 months, and was brought to the A&E due to low grade fever and severe abdominal pain for the past 8 hours. There was no vomiting or diarrhea. On examination, he looks ill and on pain with mild periorbital edema, temperature 38.5C, Heart rate= 116bpm, Blood pressure 100/60mmHg. And capillary refilling time is less than 2 seconds. The abdomen is slightly distended and tender, the urine dipstick showed protein 4+. What is the MOST appropriate diagnosis/cause?

- A Hypovolaemic shock
- B Acute gastroenteritis
- C Renal vein thrombosis
- D Spontaneous bacterial peritonitis T
- E Septicaemic shock

29 A 7-week-old boy presented with cough and poor feeding. On examination, his respiratory rate was 70 breaths/min, weight was 3kg, there was systolic murmur heard & the liver was palpable 4cm below the costal margin.

- A Ostium secundum atrial septal defect
- B Patent ductus arteriosus
- C Large ventricular septal defect T
- D Mild to moderate pulmonary stenosis
- E Critical aortic stenosis

30 3 months old, girl, presented with fever, evolving rash and poor Capillary Refilling Time. At emergency and trauma department, IV access was obtained. The next step is:

- A Start intravenous antibiotic
- B Notify public health
- C Give chemoprophylaxis to all staff at AnE
- D Skin swab
- E Lumbar puncture T

31 What is the best assessment to evaluate child growth?

- A Body Mass index
- B Upper and lower segment ratio
- C Bone age
- D Height velocity T
- E Arm span width

32. 1 year old girl presented with 2 days history of acute fever and poor feeding. She became lethargic and pale on the day of admission. Physical examination revealed afebrile child with body temperature of 38°C, heart rate 160, RR 30, CRT 5 sec, cold peripherals

What fluid to resuscitate?

- A.0.9% sodium chloride *
- B.0.45% sodium chlorid
- C.0.45% sodiuim chloride + 5% dextrose
- D.Blood O Rh -ve
- E.Human albumin 20%

33. A 65 y.o men present with pain at the right hypochondrium. On examination, there is hard, nodular palpable mass that move with respiration. What is the likely diagnosis?
- Hepatitis
 - Hepatocellular Carcinoma
 - Liver cirrhosis
 - Liver abscess
 - Cholangic-hepatitis
34. 1 year old girl presented with fever , failure to growth, poor feeding, lethargy, malnutrition, loss of subcutaneous fat, examination revealed normal.
- Renal disease
 - TuBerculosis
 - Inborn error metabolism *
 - Hypothyroidism
 - Nonorganic disease
- 35 7 Years old boy was seen in the paediatric clinic. He has been using easyhaler Beclomethasone twice a day since three months ago. He still has occasionally night cough and had to use easyhaler salbutamol two to three times per week for the past one month. The MOST appropriate next step is:
- He need long acting beta-2 agonist
 - Increase the dose of inhaled corticosteroid
 - Add on leukotriene inhibitor
 - Add on short course of oral steroid
 - Check the inhaler technique T
- 36 A 10 years old girl, with history of polyuria and recurrent vomiting. She was developed drowsiness and sunken eye. Upon at A&E, she was drowsiness. CRT<2 seconds, Breath deep sighing with sweet smell. HR= 88 bpm, BP=95/65mmHg. RR=16 ,T=37C. What is your BEST management?
- Give intravenous bolus run fast
 - Calculate fluid deficit and correct the hydration with 0.9% normal saline over 48 hours and start insulin infusio
 - Give bolus normal saline 0.9% within 2 hours and start infusion of insulin T
 - Calculate fluid deficit & correct the hydration with 0.9%normal saline over 48 hours & give subcutaneous insulin
 - Give her fluid as she can tolerate orally
37. A 25 y/o female swallowed pills of unknown name presented to A & E. What is ur initial mx?
- Report police
 - Call GP
 - Refer to psychiatrist
 - Refer to general medical team
- 38.Pat came in asking the therapist for advice on her relationship wif her bf. Therapist answered like dis : “seems like u having problems with ur bf?” What is the approach that the therapist is using?
- Transference
 - Cognitive approach
 - Behavioural approach
 - Empathy understanding
- 39) Neuropathies and myopathies are the commonest non-metastatic manifestation of
- renal cancer
 - pancreatic cancer
 - small cell lung carcinoma
 - Multiple Myeloma
- 40) A group of medical doctors had face financial difficulty in carry out their research which was approved half a year ago. What should be next management?
- STop the project
 - Conclude the research and make recommendation
 - Ask for more fund from the approval committee *
 - Change the research design to reduce cost
41. Preliminary test to identify bacteria
- Streptococcus pyogenes is sensitive to optochin
 - Corynebacterium is a gram positive bacilli
 - Staphylococcal sp is positive for catalase test
 - Nisseria is a gram positive diplococci
 - Cytochrome oxidase can be used to identify Nisseria

42. What is the confirmatory test of HIV for blood donation screening
- Haemagglutination test (HIA)
 - ELISA
 - Western Blot
 - Immunophenotyping
43. What is the most specific and sensitive investigation for syphilis
- FTA-ASS
 - RAR
 - VDRL
 - Haemagglutinate test
44. immature white cell can be seen in peripheral blood except
- Leukemoid reaction
 - ALL
 - CLL
 - AML
 - CML
45. 65yo, COPD pt co increase SOB, change in quality & color sputum for 1 week duration ABG reveal pH- 7.34
PaO₂ : 44mmHg
PaCO₂: 58mmHg
HCO₃ : 27.6mmHg
- Type I RF with acute Respiratory acidosis
 - Type I RF with chronic Respiratory acidosis
 - Type II RF with acute Respiratory acidosis
 - Type II RF with chronic Respiratory acidosis
 - Type II RF with met. Acidosis
46. Metaphore FISH detects
- Autosomal dominant
 - TFR in cystic fibrosis
 - Single base substitution in beta chain sickle cell
 - Quantification of minimal residual disease
 - T(9,22)
47. Female, reduce platelet count with sign of easy bruising
- Was given prednisolone, platelet count increase.
 - Aplastic anemia
 - ATP
 - Acute marrow failure dt viral infection
 - CLL with immune thrombocytopenia
48. All the following are true about S. Aureus food poisoning except
- Caused by enterotoxin
 - Source of contamination is usually a carrier
 - Incubation period is 24-36 hours
 - Food contains preformed toxin
 - Toxin responsible for disease acts as a superantigen
49. Which of the following is NOT a characteristic of group B Neisseria meningitides:
- Capsular polysaccharides contribute to the invasiveness
 - Endotoxin are basically similar to those of other gram negative bacteria
 - It enter the body via the upper respiratory tract
 - It establishes in the membranes of the nasopharynx
 - A presumptive diagnosis cannot be made from the finding of a gram-negative diplococci in stained smears of the spinal fluid
50. Anticoagulant effect of heparin involves
- Interference with vitamin K dependent synthesis of factor II, VII, IX
 - Increased activity of Anti-thrombin III - T
 - Reduced level of circulating fibrinogen without altering levels of other clotting factors.
 - Reduced level of ionizable Ca in blood.
 - An in vivo action only.

BAQ Extra (Set 1)

- 1) A 60 year old man who had chronic renal failure was currently on dialysis. He had supplement iron and calcium. Currently complained of tiredness and pale, & effort intolerance, Hb : 6.4, Urea : 10.7, Creatinine 300, WBC : 12.1
What should be the treatment?
a) Increase the dialysis duration
b) Erythropoietin *
c) Increase ferrous fumarate
d) Increase dose of calcium
- 2) A 50 year old lady complained unable to hold the full bladder. She had incontinence when rushing for washroom.
What is the most likely diagnosis?
a) Urge incontinence *
b) Stress incontinence
c) functional incontinence
d) Overflow incontinence
3. Akathisia is similar to
a. Tardive dystonia
b. Tourette's
c. Restless leg syndrome
- 4) This 25 year old lady had difficulty in controlling her epilepsy and currently started with carbamazepine and sodium valproate. She complained of oral ulcer, blister on trunk, rash, and fever. Her vital signs were unstable.
What is the most likely cause ?
a) TEN *
b) Bullous impetigo
c) Exfoliated dermatitis
- 5) Which of the following criteria have higher chance to get approval from research ethics committee?
a) The subject animals were not kill
b) cause no harm to the subjects *
c) to compensate the time loss for the subjects while doing the research
6. Most common psychiatric illness a/w Cushing's syndrome:
a. Mania
b. Depression
c. Psychosis
- 7) A 50 year old man with a 1cm swelling on the side of right eye. The lesion was with necrotic center, everted edge.
What is the diagnosis?
a) BCC *
b) SCC
c) Melanoma
d) Keratoacanthoma
- 8) This young man presented with pain on defecation. Diagnosis of fissure in ano was made. He has no medical history.
What is the management?
a) Laxative
b) Antibiotic
c) Lateral sphincterotomy
d) Diet modification
9. 65 years old, presented to urology clinic with symptoms of prostatism for 6 months duration. per-rectal examination revealed, smooth, firm surface of enlarged prostate. He had PSA done for twice 12.1 and 12.5 ng/dL respectively.
What is the BEST next investigation for him?
A) CT scan of abdomen
B) Do KUB X-Ray
C) Trans-rectal guided ultrasound biopsy of prostate *
D) Repeat PSA investigation
10. A 60 years old lady presented with swelling at left pre-auricular region. She also experienced pain and ipsilateral weakness of face. What is the most likely diagnosis?
A. Pleomorphic adenoma
B. Malignant melanoma
C. Malignant tumor of parotid gland *
11. 40 years old lady had history of chronic right hypochondrium pain. She was diagnosed to have multiple gallbladder stones. Laparoscopic cholecystectomy was done on her. One week later, she develops severe pain at the same site with deepening jaundice.

What is likely to happen to her?

- A. Remain stones at CBD*
- B. Acute pancreatitis
- C. Inadvertent injury of CBD

12. A elderly man with peptic ulcer, on proton pump inhibitor for two years. The symptom did not improve. There is partial gastric outlet obstruction and ulcer at first part of duodenum. What is the best management for this patient?

- A. Vagotomy and pyloroplasty
- B. Vagotomy and gastrectomy
- C. Endoscopic dilatation

13. 30 years old G4P3 pregnant women at labor. Vaginal examination revealed 4cm OS.

What is the best analgesic can be given to her?

- A. Entonox
- B. IV/IM pethidine
- C. Continuous epidural anaesthesia*
- D. Local anaesthesia

14) 36 years old, primigravida made booking at 24 weeks of gestation. She had strong family history of diabetes mellitus. MOGTT was done. Fasting blood sugar=5.3 mmol/L and 2-hour post-prandial=6.7 mmol/L. What is the best management for this patient?

- A. Discharge and follow up at antenatal clinic
- B. Induction of labour at 38 weeks of gestation
- C. Repeat MOGTT at 28 weeks and 34 weeks of gestation*
- D. Refer the patient to medical and antenatal clinic.

15) Patient in labour. Vaginal examination show os was 6cm dilated. 2 hours later, CTG showed early deceleration.

What is your next step of management?

- A. Emergency Caesarean section
- B. Fetal scalp sampling
- C. Allow mother to mobilise and reaccess 2 hours later
- D. Vaginal examination*

16) Primi admitted to SGH at 40 weeks+1 days. antenatal period is uncomplicated. What is your next management?

- A. Induction of labour stat
- B. Assess Bishop score before induction of labour*
- C. Allow pregnancy to carry until 42 weeks
- D. Do induction of labour at 41 weeks.

17) after renal transplant, given Steroid...aft 2 years, cum with hip pain n difficulty in walking

- a) AVN *
- b) Septic arthritis
- c) Primary OA
- d) Pathological fracture

18) Elisabeth Kübler-Ross's Five Stages of Grief

- a) denial , anger, bargaining, depression, acceptance
- b) denial , bargaining, depression, anger, acceptance
- c) Acceptance.....denial
- d) shock...??

19) A son brought by father to psy clinic, claim son behavior changes, wear strangely, decrease sleep

Son claimed the he himself is a worker for a secret company, was asked to kill a suspicious person, During the conversation with Dr, the son want to talk with Dr alone, without father (claim father x hav the kelayakan)

- a) ask dad go out, continue assessment
- b) immediate assessment, involuntary if needed *
- c) arrange psy assessment next week when patient free
- d) do FBC, LFT, drug screen

20) 85year old man k/c COPD, had RTA, need go for surgery femur fracture, which anaes method suits best

- a) Regional Anaes (epi/spinal) *
- b) General Anaes
- c) local?

21) 3 year old boy, brought by mom to AnE giving history the boy was bitten by 15months year old sister 2 hours ago prior coming to AnE, the boy had bite mark, bruises over the area

- a) prophylactic Ab
- b) immediate measure intercaning diameter *
- c) Swab saliva + photograph the wound
- d) Report case suspect child abuse

22. A patient is diagnosed to have rectum carcinoma. The tumour is 7cm from the anal verge. The BEST treatment is:

- A Low anterior resection
- B Endoscopic local resection
- C Abdomen perineal dissection *
- D Trans-anal resection

23. A 12-year-old girl complained of blurring of vision for 1 month and proptosis for 6 months duration. There were no history of injury, pain or diplopia. It was found out she has axial proptosis. The fundus examination revealed disc swelling and ?infiltrated nerve. What is the most likely diagnosis?

- A. Rhabdomyosarcoma
- B. Optic glioma*
- C. Optic meningioma
- D. Optic neuritis

24. A 76-year-old woman has just undergone a cataract surgery. Post-op was uneventful except for developing iritis and treated with steroids. She was then discharged home. 8 months later, she came to hospital with complained of progressive blurring of vision. Either than that, there was no active complain. Eye examination revealed that there is decrease in red reflex. What is the diagnosis?

- A. Post-op iritis
- B. Endophthalmitis
- C. Posterior lens opacity*

25. A 5-year-old boy presented with pain, mucous discharge & swelling of eyelids. On examination revealed conjunctival injections, normal anterior chamber and extraocular movement is full. Fundus examination revealed normal finding. What is the diagnosis?

- A. Preseptal cellulitis
- B. Orbital cellulitis*
- C. Bilateral optic neuritis

26. A 25-year-old lady presented with complained of having night blindness. There were no other complaints beside that. She has no family history of night blindness. On funduscopy revealed....., mild peripheral pigments seen. What is the most likely diagnosis?

- A. Retinitis pigmentosa*
- B. Congenital normal night blindness
- C. Optic neuritis

27. In a dermatographic transition, phase 3 represents what? (c)

- A. Lower mortality rate
- B. Lower birth rate
- C. Industrialization

28. A lady at 32 weeks period of gestation was referred to Ante Natal Specialist Clinic due to blood measuring 130/90. Previous pre-eclampsia work-up was normal except for high serum uric acid & low platelet. What should you do?

- A. Admit to the ward for bed rest
- B. Redo pre-eclampsia work-up
- C. A diagnosis of HELLP syndrome should be entertained.

29. A 30 years old woman, G2P1 currently at 28 weeks period of gestation, and was admitted to hospital due to contraction pain. Leaking of amniotic fluid was noted as well. She had history of deliver pre-term baby at 30 weeks of gestation in the previous pregnancy. What is your best management now?

- A. Give her salbutamol tocolytic drug. T
- B. Deliver the baby now.
- C. Repair the cervical membrane to control the leaking of liquor.

30. A woman was admitted to labour ward due to contraction pain. Vaginal examination revealed that the os is 2cm, station is +2, and head descent is 3/5 palpable. 4 hours later, another vaginal examination revealed that the os is 3cm and the station is +1 and the engagement is 1/5 palpable. Which of the following is best describe the above condition?

- A. It showed the cervigraph of latent phase.
- B. It showed the primary dysfunctional labour.
- C. It showed the labour is abberantly.....

31. A 37 years old currently on her 3rd pregnancy at 28 weeks of gestation.. MOGTT was done due to advanced maternal age & results were: fasting=5.6 mmol/L, 2 hours hypocount was 7.6 mmol/L. What is the next step?
- Recheck and repeat MOGTT 2 weeks later.
 - Discharge home and monitor her sugar level daily.
 - Discharge home and follow her routine antenatal visit at polyclinic.
 - Do 7 pkt BSP after 2 weeks later.
32. A woman with heart disease currently at her pregnancy at 36 weeks of gestation was admitted to labour ward. What is the step/principle recommended to her?
- Use the syntometrine after delivery the baby to avoid excessive bleeding.
 - By double dose of IV oxytocin to fasten the labour process.
 - She should send for LSCS.
 - Shorten the length of second stage of labour. T
33. A women just delivered a baby. A paediatrician notice that the baby appear abnormal as his left forman is flexed and his shoulder is slightly internal rotation and his hand is slightly flexed. What is the most possible diagnosis?
- Klempfle's palsy
 - Erb's palsy T
 - Fracture of the left clavicle
34. 34 year old lady came with heavy vaginal bleeding. She had preceding 2 months of amenorrhoea. aPTT (63sec) & PT = prolonged.
- Hemolytic Uraemic Syndrome
 - Thrombocytopenic Purpura
 - Septic Abortion with DIVC
 - Amniotic fluid embolism
35. A lady G5 P3, presented to labour ward at term, with ruptured membrane, os opening of 4cm, effaced cervix. The estimated birth weight of her child is 3.8-4.0 kg. She has a previous suprapubic midline scar due to fetal distress, which was for her first child birth. Her second child was born via spontaneous vaginal delivery. While her third child birth ended up with shoulder dystocia and the child suffered fractured clavicle. The child was 3.8 kg at birth and is doing fine now. What would be your most appropriate management for this lady?
- Prepare her for emergency LSCS for previous classical scar
 - Prepare her for emergency LSCS for previous shoulder dystocia
 - Admit her to labour ward for a trial of vaginal delivery.
 - Admit her to maternity ward for observation and send her to labour ward if labour progresses.
36. A 26 years old mother who recently gave birth and is currently breast feeding her child comes to you for advice on contraceptive methods. She is currently still has not started menstruating. What would be your best advice to her?
- Suggest her to take combined oral contraceptive pills.
 - Depo provera or POP would be a better choice for her.
 - Assure her regarding lactational ammenorrhoea
 - Wait for next menses and start on OCP on the second day of the menses.
37. A 32 years old lady presented with a thyroid lump of 3cm diameter. It was found to be cystic with colloid content. No signs of thyrotoxicosis. What is the most appropriate management?
- Lobectomy
 - Total thyroidectomy
 - Reassuarance and follow-up.
38. A 30 year old man came with complaints of burning sensation during urination. He also passed out creamy purulent urethral discharge. What is your diagnosis?
- Chlamydia
 - Neisseriae gonorrhoea
 - Trichomonas vaginalis
39. A middle aged lady, post-operatively developed fever with temperature of 38.5°C, 24 hours after operation. What is your diagnosis?
- DVT
 - peritonitis
 - Inflamed surgical incision
40. A young patient has passed away. As an MO how shall you break the news to the parents?
- I am very sorry about death of your son.
 - I am sorry but this is God's will, you should accept it.
 - You should know that it is hard for our hospital to lose a patient.

41. A 67 year old gentleman presented with following blood investigation:
Potassium – increased, Sodium – 120 mmol/L, Urea - 42.2, Creatinine – 1178, ECG – absent P wave, tented T wave, widened QRS complex, What's the most appropriate management? (m)
- immediate hemodialysis
 - IV insulin & dextrose
 - Calcium gluconate
 - Resonium
42. 23 year old male presented with worsening left sided scrotal pain & fever. Physical examination showed testes well in position and tender on palpation. What's your diagnosis?
- Torsion of testes
 - Infected hydrocele
 - Epididymo-orchitis
 - Infected spermatocele.
- 43 A 32 years old lady, G4P3 came to labour ward with constant labour pain. On examination, the cervix show 4cm. she requested for pain relief. Which one is the best for her?
- Continuous epidural anaesthesia
 - Inhalation of entanox or isotonox *
 - Intramuscular or intravenous injection of pethidine
- 44.9 years old girl, presented with fever, anaemia & generalized lymphadenopathy. She also has leg pain & bruises & purpuric rash on trunk and limbs. On examination, no hepatosplenomegaly & no joint swelling & deformity. Investigations revealed Hb=9g/L, TWC=5600 per mm³, platelet=30,000 per mm³. What is the most likely diagnosis?
- Infectious mononucleosis
 - ITP
 - Typhoid
 - ALL
- 45.36 years old lady with past history of PTB at the age of 12 year old & completed treatment. She had been receiving radiotherapy for breast cancer 5 years ago. Currently she presented with SOB, ascites and leg edema. JVP was raised and showed rapid y descent, BP was 80/60 mmHg, tachycardia (paradox 8mmHg). What is the most likely diagnosis?
- Cardiac tamponade
 - Constrictive pericarditis
 - Severe tricuspid regurgitation
 - SVC obstruction
- 46.50 years old women on her second day of post-operation for pelvic pathology. At that night, she complained of sudden onset of SOB and chest pain. On examination, there was friction rub. What is her problem now?
- Pulmonary embolism
 - Pneumothorax
 - Acute pulmonary edema
 - Myocardial infarction
- 47 3 years old, girl Otherwise healthy presented with fever low grade for three days associated with vomiting and diarrhea. She was treated as acute gastroenteritis. At admission, serial investigations were done. She was treated accordingly, and hydration was kept well after ORS for two days. She was able to take normal diet. Just before discharge, she was alert, active and fair hydration. The stool culture came back with the result of salmonella enteritidis. What is your Best action?
- Give a course of antibiotics to eradicate the bacteria. T
 - Ask for second stool culture
 - Give her charcot to absorb the toxin.
 - Discharge the patient home and continue the normal diet and advice the parents to practice good hand hygiene.
- 48.Features of endophthalmitis
- Ocular pain
 - Anterior chamber action
 - Visual loss*
49. 45 yr old 1st episode GTC
- CT&MRI*
 - do nothing
 - treat with anticonvulsant
 - EEG
- 50) female, intermittent gritty eye sensation, RF positive, ANA +ve, joint swelling, raynauds phenomenon “
- SLE
 - Primary sjogren,
 - secondary sjogren

BAQ Extra (Set 2)

1. A 25-year-old army complained of having right foot pain. He has been involved in strenuous marching practice for the parade. Which of the following investigations you would like to do?
A. Do X-ray of the foot, if normal finding, proceed with bone scan*
B. Do X-ray of the foot, if normal finding, reassure patient nothing is wrong with his foot
C. Do clinical examination, if no finding, discharge the patient
D. Do ultrasound of his right foot.
2. A 45-year-old man complained of failure to abduct his left shoulder. There was no history of trauma. What is the best line of investigation?
A. X-ray of his shoulder
B. Impingement injection for test*
C. Ultrasound of rotator cuff tear
3. A 58-year-old woman will undergo total left hip replacement. What is the best advice for her post-op physiotherapy?
A. Rest in bed for 6 weeks, then X-ray, then full weight bearing for 6 weeks
B. Rest in bed for 3 weeks, then X-ray, then partial weight bearing for 3 weeks
C. X-ray, then non weight bearing for 3 weeks, partial weight bearing for 3 weeks & then full weight bearing for 3 weeks
D. X-ray, then partial weight bearing for 3 weeks and then full weight bearing for 3 weeks*
4. A 2-year-old boy presented with sudden onset of testicular pain. PE revealed reddened, swollen and high lying testes. What is the most appropriate management?
a. Give antibiotics and rest
b. Apply warm compression
c. Exploration of testes *
d. Discharge home with reassurance
5. A 2-year-old boy was brought to the clinic with complaint of unable to walk. X-ray of right knee showed wide cupping and obscured metaphyseal plate. What is the most likely diagnosis?
a. Achondroplasia
b. Hypothyroidism
c. Rickets *
d. Coomb's test
6. A 3-weeks-old child presented with jaundice. Otherwise, he was feeding well and thriving. What is the most appropriate investigation?
a. Liver function test
b. Thyroid function test
c. Direct and indirect bilirubin *
d. Coomb's test
7. A 14-year-old girl is short with height far below 3rd centile. Her weight corresponds to her height and breast development stage 2. A fold was noted on her neck bilaterally up to the shoulder. What is the most likely diagnosis?
a. Turner syndrome *
b. Down syndrome
c. Constitutional delayed growth
8. A 2-month-old child presented with recurrent sudden stiffness of upper limb associated with flexion of the head. This occurs several times in a few minutes followed by crying and sleep. What is the most likely diagnosis?
a. Complex partial seizure
b. Absence (atypical) seizure
c. Infantile spasm *
9. A 16-year-old girl presented with petechial rashes and platelet count of 18,000/mm³. Physical examination revealed no lymphadenopathy or hepatomegaly. PBF showed normal RBC and WBC with markedly reduced platelet. BMA was normal except for elevated megakaryocytes. What is the most appropriate management?
a. IV immunoglobulin
b. Prednisolone *
c. Anti-D immunoglobulin
10. A patient has undergone cataract surgery. One week later, he complaint of sudden onset loss of vision, associated with watery discharge & red eye. He was diagnosed with enophthamitis. Which of the following the BEST to suggest the diagnosis?
A. Ocular pain
B. Increase intraocular pressure

- C Narrow anterior chamber
- D Loss of vision T

11 A patient with complaint blurred of vision. On examination, there was no other symptoms except the visual field examination reveals right lower homonymous quadrantanopia. Where is the lesion?

- A Optic radiation of Right parietal lobe
- B Optic radiation of Left temporal lobe
- C Optic radiation of Left parietal lobe T
- D Optic radiation of Right temporal lobe

12 A 85 years old complaints of gradual painless loss of vision for both eyes. He claimed that he had difficulty in seeing or reading the object in near vision compared to distance vision. He has no other medical problem, except has history of hypertension for 10 years. He complaints of glare in the dim light. Otherwise, there was no other complaints. His sibling has advanced stage of glaucoma. Which of the following is the likely diagnosis?

- A Primary open-angle glaucoma
- B Secondary angle-closure glaucoma
- C Posterior subcapsular cataract T
- D Age-related macular degeneration

13 A 56 years old lady complaint of sudden onset painful red eye, which is associated with watery discharge, itchiness and nausea. She also complaints of blurred of vision for 3 years duration. On examination, it revealed deep anterior chamber, there is a collection of The intraocular pressure was 67 mmHg. The cornea was hazy and oedema What is the likely diagnosis?

- A Phaeolytic glaucoma T
- B Phacomorphic glaucoma
- C Secondary glaucoma

14 A 68 years old lady complaints of sudden onset painless loss of vision. On examination, the fundus shows branches retinal vein occlusion. Which of the following is likely causes the loss of vision?

- A Foveal infraction
- B Macular oedema T
- C Vitreous heamorrhage

15. Which of the following cannot be seen clearly through X-ray for fracture?

- A. Deformity
- B. Bone loss causing bone injury
- C. Lateral deposition of..
- D. Rotational injury*

16. A man with history of diabetes and hypertension was presented to a doctor. The doctor found out that he has pre-gangrenous change in his left foot. Which of the following is best related to the other clinical finding?

- A. Redness at the foot
- B. Palpable pulse at the foot
- C. Loss of hair, brittle nails and shiny skin*

17. Trauma is commonly associated with multi organ damage which may cause death. Which one will you attend to 1st?

- A. Fracture with pelvic with evidence of haemorrhage
- B. Fracture of mandible
- C. Cardiac tamponade
- D. Tension pneumothorax *

18 The person presented with injury by the sharp object, penetrating his big toe, just below the nail. There was a wound noted. You worried about the development of gas gangrene. The best management is:

- A Put the wound in hyperbaric oxygen condition
- B Give antitoxin immunoglobulin
- C Give antibiotic
- D Clear the wound, and clean /debridement it. T

19 A 46 years old lady presented with pain and swelling at the distal interphalangeal point, proximal interphalangeal joints and first metacarpal phalangeal joint of the hands. On examination, the wrist and elbow were normal. The most likely diagnosis is:

- A Rheumatoid arthritis
- B Osteoarthritis T
- C Gouty arthritis
- D Pseudogout

- 20 A person had clavicle fracture after the Motor vehicle accident. You suspect he had brachial plexus injury. On examination, the following are tested correctly, except:
- A Shoulder abduction is controlled by anterior, lateral and posterior muscle buck.
 - C The C5 and C6 affected will cause failure to abduction of shoulder.
 - D The lateral muscle part are purely motor abduction.
- 21 A 56 years old constructive worker claimed to have shoulder pain and had movement restricted. After examination, a diagnosis of supraspinatus tendonitis was made. You tell the patient that it is due to:
- A Trauma
 - B Degeneration
 - C Position condition
 - D Overuse
- 22 A striker was injured as he was playing football. You suspected that he had collateral ligament tear. The best way to elicit the sign is:
- A The patella and the collateral tenderness.
 - B Valgus stress test while the knee is at 30 degree
 - C Valgus stress test while the knee is at full extension
- 23 After a car accident, the patient had pelvic fracture. You decide to treat him conservatively. You need to tell him the one of the LATE complication of the fracture is:
- A Recurrent dislocation of the hip joint
 - B Injury to the femoral nerve
 - C Injury to the sciatic nerve
 - D Secondary hip arthritis
- 24 A person was injured by the fish bone at the volar aspect of his ring finger. He complaint of pain and swelling. After examination, the diagnosis of tenosynovitis of the flexor retinaculum was made. The following are the things you would expect to see except:
- A The active movement was restricted
 - B The passive movement will elicit more pain
 - C The fingers are in full extension
- 25 A 6 years old child went to a toy shop with her mother. The child wanted to buy the toy & did not want to leave the shop. The mother tried to get her away & pulled at his left wrist. Suddenly, the child developed pain at the elbow region. She came to you by putting her elbow flexed, the hand with pronated & close to her body. What is the likely diagnosis?
- A Supracondylar fracture of the elbow joint
 - B Greenstick fracture of the distal radius
 - C Elbow joint dislocation
 - D Elbow joint subluxation.
26. A 55-year-old lady who has undergone an operation complained of having shortness of breath and chest pain a day after post-op. What is the best management you would do as a medical officer?
- A. Check for any findings in physical examination, if no, let patient home
 - B. Refer her to cardiac department in OPD after discharge
 - C. Reassure her relatives that she is alright, allow home
 - D. Immediate order CXR and ECG, stabilize the patient.... *
27. A 2-year-old boy was brought to the clinic with complaint of unable to walk. X-ray of right knee showed wide cupping and obscured metaphyseal plate. What is the most likely diagnosis?
- A. Achondroplasia
 - B. Hypothyroidism
 - C. Rickets *
28. A 2-month-old child presented with recurrent sudden stiffness of upper limb associated with flexion of the head. This occurs several times in a few minutes followed by crying and sleep. What is the most likely diagnosis?
- A. Complex partial seizure
 - B. Absence (atypical) seizure
 - C. Infantile spasm *
29. A 16-year-old girl presented with petechial rashes and platelet count of 18,000/mm³. Physical examination revealed no lymphadenopathy or hepatomegaly. PBF showed normal RBC and WBC with markedly reduced platelet. BMA was normal except for elevated megakaryocytes. What is the most appropriate management?
- A. IV immunoglobulin * (LWJ)
 - B. Prednisolone * (Hanne)

C. Anti-D immunoglobulin

30. A 70-year-old man with history of prostate carcinoma presented with fracture of shaft of femur. Intramedullary nail was done. 7 days later, he developed shortness of breath. What is the most likely cause?

- A. Fat embolism
- B. Pulmonary embolism *
- C. Aspiration pneumonia

31. What is the best management for Venous thromboembolism?

- a) DVT prophylaxis
- b) Heparin
- c) Warfarin

32. Everted lesion at lower lip, central ulceration, with risk factor of sunburn

- a) Keratoacanthoma
- b) BCC
- c) SCC

33. Cerebral haemorrhage, Cheyne-Stokes breathing and cyanosis, how to ventilate this patient

- a) ETT with 100% oxygen flow
- b) Venturi mask
- c) Face mask

34. The worst prognosis factor after right hemicolectomy

- a) Tumor spread circumference
- b) Tumor spread to serosa
- c) Found an adjacent polyp

36. Man with viral infection 2 weeks ago, presented with progressive bilateral lower limb weakness, no autonomic symptoms, p/e review areflexia and sensation is intact. What is your diagnosis?

- a) Guillain Barre Syndrome
- b) Multiple sclerosis
- c) Henoch Schonlein purpura

37. 35 years female treated with propranolol and carbimazole for thyroid disorder. Previously defaulted treatment for 1 month. Currently came in to A&E after met with a road traffic accident. In ward she developed high fever, tachycardia and delirium.

- A) Sepsis
- B) Thyrotoxic crisis
- c) internal bleeding

38. Regarding adverse reaction after transfusion of 3 pints of bloods.

- a. TRALI
- b. AHTR (ABO incompatibility)
- c. NHTR

39. Persistent pain in the anal region for 1 hour, after defecation. He noted blood on the tissue paper

- A. Anal fissure
- B. thrombosed pile
- C. Carcinoma of anus

40. Alcoholic with chronic pancreatitis. Present with abdominal mass and elevated slight amylase

- A. Pseudocyst
- B. Pancreatic CA
- C. HCC

41. 21 year old present with varicose vein long saphenous vein.

NEXT management

- A. Stripping of vein
- B. sclerosant
- C. Duplex

42. head trauma, unconscious?, cyanosed, Cheyne-Stokes breathing. Best oxygen therapy.

- A. Face mask.
- B. Intubate and 100% O₂
- C...other mask

43. preterm, before feeding become resp distress, x ray show diffuse bilateral haziness....transient tachypnoea of newborn?

- A. GB strep
- B. meconium asp
- C. TE fistula

44. Child w short stature on third centile, delay bone age for 2-4 years, father 25- 50 centile, mother 25 centile, father also same ht at that age

- A. constitutional delay
- B. Familial
- C. GH def

45 3 years old, girl Otherwise healthy presented with fever low grade for three days associated with vomiting and diarrhea. She was treated as acute gastroenteritis. At admission, serial investigations were done. She was treated accordingly, and hydration was kept well after ORS for two days. She was able to take normal diet. Just before discharge, she was alert, active and fair hydration. The stool culture came back with the result of salmonella enteritidis. What is your Best action?

- A Give a course of antibiotics to eradicate the bacteria. T
- B Ask for second stool culture
- C Give her charcot to absorb the toxin.
- D Discharge the patient home and continue the normal diet and advice the parents to practice good hand hygiene.

46) 40-50 y/o. nulliparous, abdominal distension for 2-3 mths, bloating, felt full after small meal, loss of appetite. PE- right adnexa mass. Dx?

- a) malignant ovarian tumor
- b) benign ovarian cyst
- c) colon cancer

47. PIH, 32 wks, on methyldopa 250 mg tds in antenatal care follow up. BP now is 150/100 mmHg. What is next step of your management?

- A. Admit the patient T
- B. Increase methyldopa to 500 mg tds
- C. Add labetalol 100 mg tds

48. Epidemiology for schizophrenia

- a. Male poor outcome
- b. More in urban
- c. More in lower social group

49. Most common symptoms of wernicke korsakoff

- a. Delirium with impaired consciousness
- b. Coma
- c. Global unconscious

50. A 44 years old businessman presented with severe epigastric pain which radiates to the back. He drinks alcohol every day. His serum amylase is 3340 U/L.

The most likely diagnosis is

- A. Acute cholecystitis
- B. perforated peptic ulcer
- C. acute pancreatitis
- D. liver abscess
- E. Diverticulitis

BAQ EXTRA SET 3

1. Patient has anaemia for 2 months with loss of weight and lethargy. There is a mass in the right iliac fossa. The most likely diagnosis is

- A. diverticulitis
- B. carcinoma of caecum
- C. appendicular mass
- D. Benign polyp
- E. malignant ovarian tumour

2. A 13 year old boy come to A & E with sudden onset pain at right scrotal pain with 4 hours duration associated with nausea and vomiting. On examination, he was obvious distress. He has mild lower abdominal tender, high ridden, tender right testis. FBC and urinalysis are normal. What is the probably diagnosis?

- A. Inflamed hydrocoele
- B. Epididymitis
- C. Right torsion testis
- D. Strangulated hernia
- E. Renal colic

3. On the fifth post-operative day after an emergency laparostomy, patient was noted to have serosanguineous discharge from the surgical wound. The most appropriate treatment to be given is

- A. nil by mouth and IV fluid
- B. IV antibiotics
- C. use abdominal binder
- D. emergency re-exploration
- E. strict bed rest

4. A 20 years old lady with a lump in the upper and outer quadrant of the right breast for about 2 months presented to specialist OPD for further assessment. After viewing by the specialist, a diagnosis of fibroadenoma was made. A characteristic clinical feature of fibroadenoma is

- A. small in size
- B. freely mobile
- C. firm in consistency
- D. common in younger age group
- E. painless lump

5. A 35 years old lady presented with swollen left lower leg. The leg is hot, tender and red. Passive dorsiflexion of foot causes pain in the calf. The most probably diagnosis is

- A. Cellulitis
- B. DVT
- C. lymphatic obstruction
- D. acute arterial ischemia
- E. calf haematoma

6. A 70 years old man presented with changed in bowel habit and fresh rectal bleeding. He also presented with occasional abdominal pain and loss of appetite. The most likely diagnosis is

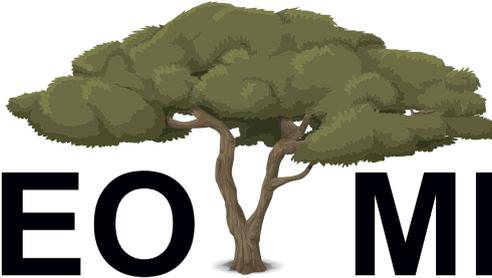
- A. meckel's diverticulitis
- B. polyp
- C. Rectal carcinoma
- D. crohn's disease
- E. ulcerative colitis

STUDENT NO. :

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NAME : _____

BORNEO MEDICA COLLEGE



BORNEO MEDICA

MOCK FINAL PROFESSIONAL EXAMINATION II

MODIFIED ESSAY QUESTIONS (MEQ)

2015 / 2016

TWO HOURS THIRTY MINUTES

DO NOT OPEN THE QUESTION PAPER UNLESS YOU ARE INSTRUCTED TO DO SO

Instructions:

1. Each set of question paper consists of **five (5)** MEQ questions. For every question, you need to answer three (3), four (4) or five (5) parts, depending on the number of section available.
2. You are not allowed to look at a previous part nor change an answer that you have filled in in a previous part once you have opened the consequent part.
3. Answer **all** sections in the question paper.

Prepared by the Underground Kidz™

MEQ 6-year Analysis

	2007	2009	2010	2011	2012	2013
Medicine	Cushing	IE	IE	Stroke	Stroke	Hypoglycemia
Surgery	BPH	Gangrene	Ca rectum	Testicular Ca	I/O	Urethral rupture
Paed	CVS	GN	Kawasaki ds	Malaria	pTB	AGE
OG	VBAC	Cervical Ca	Fibroid	Twin pregnancy	VBAC	GDM
Ortho	Osteosarcoma	PID	OA	SUFE	hip AVN	Tibial fracture

SUBCONTENTS

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SET 1

MEQ 1
PART ONE

60 years old, Mr. C presented with sudden onset of right sided body weakness. He can speak but not clear, he could understand and follow command. He had loss of pain sensation during IV cannulation on his right hand. His wife noticed that he cannot see her when she approach from his right side, but can see her if approach him from the left side. There was no further history of medical illness before except for concurrent smoking. CT brain scan done showed no signs of haemorrhage or infarction

Q1. Based on clinical examination, what is your provisional diagnosis? (1m)

Q2. Explained the neurological symptoms in this patient with reasons. (4m)

Neurological symptoms	Reasons

Q3: state the most likely site of lesions in the case above and reasons to support it. (3m)

Q4: If you were to perform cranial nerve examination, what are your expected findings? (3m)

Part TWO

Physical examination review BP 180/100, pulse irregular, with neurological deficit persists more than 24 hours. Attending neurologist examined him and elicit signs of right hemiparesis, right hemisensory loss, right homonymous hemianopia. And motor weakness with motor power of 2/5 over right side. He was diagnosed with left ischaemic stroke with anterior choroidal artery thromboembolism. Further investigations were done.

Q5: State 2 lesions that can cause homonymous hemianopia and how to differentiate between them. (3m)

Q6: Why there was no loss of consciousness in this case? What type/kind of stroke/ condition that would anticipate loss of conscious? (3m)

Q7: What is the speech problem in this case? (3m)

Q8: Name FOUR investigations that you want to do and the reason. (3m)

	Investigation	Reasons
I		
ii		

iii		
iv		

Part THREE

He was able to walk slightly/ slowly after the attack. His condition was improved. He was diagnosed with atrial fibrillation. He was on lifestyle modification.

Q9: Outline the management/advice you would give ho him at polyclinic/ family care? (3m)

He was follow the modification, but 4 weeks later he claimed he had difficulty in quitting smoking.

Q10: Suggest/Give FOUR strategies for quit smoking. (4m)

MEQ 2
PART ONE

20 years , G2P1 with last normal menstrual period of 22 August 2011 comes for antenatal clinic for booking. She had previous caesarean section January 2011 for prolonged second stage of labour.

Q1: Calculate her expected date of delivery (EDD) and period of anenorrhoea (POA). (2m) (Today is 19 March 2012).

Q2: List FOUR problems in this lady. (3m)

Q3: LIST FOUR antenatal investigations you want to during booking. (2m)

Part TWO

Currently, her pregnancy is 30 weeks. He was referred to Sarawak General Hospital antenatal clinic.

Q4: What other history you would like to ask regarding the previous Caeserean section? (2m)

Q5: Name the type of mode of delivery and choose the one for this lady and reason. (3m)

Part THREE

she is planned for trial of scar. Currently at 37week POA, she presented at labour room with sign & symptom of labour.

Q6: Name FOUR earlier signs/symptoms of scar rupture. (2m)

Q7: Outline your management for her for current presentation at labour room. (5m)

Part FOUR

On examination, her blood pressure was 100/70 mmHg, Pulse rate 110 bpm. On abdominal examination, there is singleton, cephalic presentation, and head is 5/5 palpable. Vaginal examination showed cervical os 5cm, station -2. There is per vaginal bleed.

Q8: What is your full diagnosis now? (1m)

Q9: Outline your management now. (4m)

Part FIVE

Q10: List EIGHT questions/statement you want to ask to assess her suicidal intention. (4m)

Q11: Outline your management. (2m)

MEQ 3

PART ONE

60 years old gentleman, presented with generalized colicky abdominal pain for one day, associated with abdominal distention, nausea and vomiting and constipation. On examination, he was dehydrated. There is tenderness at deep palpation during abdominal examination. On percussion, there is generalized resonance. A provisional diagnosis of acute intestinal obstruction was given.

Q1: How would you classify intestinal obstruction? (3m)

Q2: LIST FOUR common causes for intestinal obstruction. (2m)

Q3: Explain how you would differentiate different level of obstruction. (2m)

Part TWO

Abdominal X-ray was done and it confirmed intestinal obstruction.

Q4: Explain how you identify different part of bowel from abdominal X-ray. (3m)

Q5: Explain briefly the pathophysiology of intestinal obstruction. (3m)

Q6: What is the abnormality/expected result from the following blood investigations? (4m)

	BUSE	FBC
i		
ii		
iii		

Part THREE

Emergency laparotomy was done, and intussuception was found to be the cause for intestinal obstruction.

Q7: Define intussuception. (2m)

Q8: Draw and label different part of intussuception. (3m)

Q9: List TWO common cause of intussuception. (2m)

Part FOUR

He was well after operation. There were no post-operative complications. All his laboratory investigations were normal. He was discharged. However, few days later, he was brought to hospital by his wife. He developed staggering gait. He claimed to have abnormal visual with double vision. He appeared confused.

Q10: List FOUR further history from patient and his wife. (2m)

Q11: What is the underlying cause? (1m)

Q12: What is your diagnosis? (1m)

Q13: Outline your management. (2m)

MEQ 4
PART ONE

4 years old boy complains of coughing for 3weeks.

1 Give THREE possible diagnoses for him. (3m)

Q2: List further history you want to ask and reasons. (5m)

PART TWO

He was previously well, until he presented with cough which was worse at night. He had productive sputum, which was more in the early morning. He also had low grade fever. He had loss of appetite and loss of weight. He was less active. He seeks treatment at clinic, and was given 3 course of antibiotics but not improved. He lived with his family in single wooden house, his grandfather had chronic cough for 1 year.

Q3: List 5 physical Findings you want to look for and Give Reasons [5 Marks).

PART THREE

On examination, his vital signs showed Blood pressure 90/60 mmHg. Temperature= 37.8 C, pulse rate- normal. Respiratory rate= 40/ min, weight below 3rd centile, weight is below 50th centile. There was pallor but no jaundice or cyanosis. Auscultation revealed find crepitations at right upper quadrant. There are bilateral cervical matted lymph node enlargement. Other systemic examination revealed no significant findings. There is no hepatosplenomegaly.

Q4: What investigations you would like to do to support your diagnosis and reasons. (5m)

PART FOUR

Investigation result shows:

Full Blood count	Hb= 10g/dL, WBC: 20,000/mm ³ , Plt= 160k
ESR	100mm/hour
AFB sputum	Pending
Mantoux test	15mm
CXR	Homogenous opacity at right upper lobe

Q5: what is your diagnosis and reasons? (4m)

PART FIVE

He was diagnosed with pulmonary tuberculosis. Treatment was given

Q6: Name THREE common anti-tuberculosis drugs used one side effect of each drug. (3m)

Tuberculosis is a major public health problem, and currently is in re-emerging pattern. Minister of Health reported 17,000 new cases last year.

Q7: State THREE reasons/ causes of re-emergence of TB in Malaysia? (3m)

Q8: State TWO MAIN challenges in control of TB in Malaysia? (2m)

Q9: What is the TB control program in Malaysia? (1m)

MEQ 5

PART ONE

A 40 years old lady complaint of left hip pain for the past 12 months. She was diagnosed with systemic lupus erythematosus and was on Prednisolone 5 years ago. There is no history of trauma.

Q1: What is your provisional diagnosis? (2m)

Q2: What other THREE other clinical features you would like to look for. (3m)

Part TWO

She was diagnosed with left hip avascular necrosis.

Q3: List FIVE X-ray findings you would expect to see in this patient/avascular necrosis. (5m)

Q4: Name TWO imaging modalities you would like to use/imaging you would like to do. (2m)

Part THREE

X-ray showed bilateral hip changes and arthritic changes. There is subluxation of left hip.

Q5: State FOUR non- surgical treatments for this lady. (4m)

Q6: State THREE complications for the above treatment. (3m)

Q7: List TWO surgical treatments. (2m)

Q8: List FOUR possible complications for the surgical treatment you mentioned. (2m)

Part FOUR

She will be discharged after the surgery. There is the possible that she will be wheel chair band after in view of her case the primary prevention for her condition might be failed. She is just 40 years old and had great/ more impact as compared with elderly

Q9: Why is it not possible for primary prevention/possible not helpful for the condition? (1m)

Q10: Give THREE approaches to help her in the community level. (3m)

Q11: Suggest THREE recommendations to the community to improve the quality of life of this patient. (3m)

SET 2

MEQ PART 1

67 years old retired gentleman found to be unresponsive in a morning. He took his medications as usual in the morning. Upon ambulance arrival, the medical assistance found that he was sweating, but all his vital signs were stable. No signs of respiratory distress and BP was 130/70 mmHg.

1.1 Give 2 differential diagnoses.

1.2 State 2 emergency measures you would like to do in this patient.

1.3 List 3 important histories you would like to ask from family members.

PART 2

Once he arrived at A&E department, he was given IV dextrose and his blood glucose level was found to be 2.1 mmol/L. On further history, he took his medication in the morning; Glibenclamide 60 mg OD and Atenolol 100 mg OD. On examination shows facial palsy, he was unable to close eyes and abnormal eye movement. CT brain was done and revealed left pons infarction.

1.4 Explain the expected findings in 2 cranial nerves examination with reasons related to the neuroanatomy

1.5 Explain the expected findings in 2 limbs examination with reasons related to the neuroanatomy

1.6 Which artery is involved?

1.7 Comment on the drugs been prescribed to him. Which medications would you like to change (type/dose).

1.8 List other risk factors he might have.

PART THREE

Subsequently he was discharged from hospital and scheduled for follow-up for his stroke and physiotherapy. He got a

letter to make appointment for further follow-up at nearby polyclinic.

1.9 Outline the follow-up schedule for him.

MEQ 2

PART ONE

A 25 years old gentleman was involved in RTA. Vital signs were stable but his urinary bladder was distended and blood found at urethral external meatus.

2.1 Give 3 differential diagnoses for his condition

2.2 State 3 emergency measure you would like to do

PART TWO

On examination, he was found to have distended urinary bladder, perineal hematoma and bleeding per urethra.

2.3 Name 3 parts of urethra.

2.4 Name 2 ways to classify urethral rupture

2.5 List 3 cardinal features of urethral rupture

2.6 What 2 investigations you would like to do

PART THREE

He was found to have anterior urethral rupture.

2.7 How do you manage anterior urethral rupture?

2.8 List 4 complications of urethral rupture

PART FOUR

Subsequently he was discharged from hospital. Few weeks later, he seeks medical attention due to fever, increase in urinary frequency and urgency. On further questioning, he had difficulty in initiating micturation, poor stream and dribbling after previous incidence.

2.9 Give 2 differential diagnoses for his current condition

2.10 Name 2 investigations in the clinic to get the diagnosis

2.11 Outline your management for his current problem

MEQ 3

PART ONE

8 years old girl presented with fever for 7 days and diarrhea for 5 days.

3.1 What 5 histories you would like to ask and give reason.

3.2 Give 5 findings on physical examination and its reason.

3.3 List 3 differential diagnoses for her condition.

PART TWO

On further questioning, she also vomited several times. There was history of eating at a hawker stall. No symptoms of URTI, no fit or history of recent travelling. Blood investigations were done and the result:-

Hb: 10 g/dL

WCC: 3700

Plt: 96 000

Normocytic normochromic RBC

BFMP: Negative

Na⁺: 125 mmol/L

K+: 2.8 mmol/L

Cl-: 90 mmol/L

Urea: (increased)

Salmonella serology: - IgM: Present

IgG: Negative

3.4 Interpret the result of above investigations

3.5 Outline the management

PART THREE

3.6 What 3 advises would you give to prevent spread among her family members?

3.7 Name the vaccine

3.8 Duration to notify this illness

MEQ 4

PART ONE

38 years old G3P2+0 with pre-existing DM was on insulin therapy. Currently she was admitted for induction of labor at 38 weeks of gestation.

4.1 Outline the management during induction of labor

4.2 Give 4 maternal complications of DM in pregnancy

4.3 Give 4 fetal complications of DM in pregnancy

PART TWO

There was prolonged labor and CTG showed signs of fetal distress with os fully dilated.

4.4 Decide the mode of delivery in this situation

4.5 What are the 6 prerequisite to be fulfilled before decide the above method.

4.6 List 4 causes of post-partum hemorrhage (PPH)

PART THREE

4.7 What action taken by MCHC to prevent PPH? (4 marks)

4.8 What 2 factors causing PPH in the community?

MEQ 5

PART ONE

38 years old gentleman was involved in RTA. He suffered open fracture of right tibia.

5.1 What grading system used in this case and its grade.

5.2 Outline the early management for him.

5.3 What prompt action should be taken in the operation theatre?

PART TWO

Few weeks later, he complains of pain at the fracture site. On X-rays shows rarefaction & cortical thickening. (History suggestive implant-related infection/osteomyelitis)

5.4 What are your differential diagnoses for this current problem?

5.5 Outline the management

PART THREE

Few weeks later, he came with mobility at the fracture site

5.6 What is your differential diagnosis?

Atrophic non-union

5.7 How do you manage this condition?

PART FOUR

Subsequently, he developed depressive disorder and he kept talking about death.

5.8 List 6 risk factors for his suicide

5.9 Outline the management.

SET 3

MEQ 1

part 1:

62 year-old chinese man, presented with unilateral right sided facial and body weakness... communication problems+ no witness, language barrier~ vital signs stable, "not emergency" , doctor go to see other patient.

1) 3 differential diagnosis for unilateral body weakness: state how the onset and progression
stroke, brain tumour, Multiple Sclerosis

2) how do u assess his speech problems, and give 2 types of speech problems

dysphasia + dysarthria

3)do u agree with the HO ? (attend other patient as he think this is not emergency)? give reason~

part 2

bp 150/100mmhg, fasting blood glucose 6.8 and 2 hr post prandial 10.8

4) risk factor present in his patient and other possible risk factors can be seen
Age (62), male, chinese, Hypertension, Impaired Glucose Tolerance, Impaired Fasting Glucose

5) how to assess the need for NG tube insertion in stroke patient?
swallow test give 1 spoon of water, ask to swallow then ask to talk. If wet, then high risk of aspiration. So put NG tube

6) Why only lower face paralysed, not upper face, and y other crania nerves not involved?
because dual innervation of other CN & upper part of face

7)life threatening characteristics of massive stroke?
truncal herniation

8)how to monitor above mentioned complication? what warrant neurosurgical referral?
Pupil dilation, sign of ICP

9)what 1 drug need to be started considering blood glucose level n blood pressure in this patient?
aspirin

part 3

Following discharges from stroke - Mr.B crying alone, stay alone in room, not mixing with the family members, forgetfulness- forget to flush the toilet

1) 2 group of symptoms that u like to ask?
Depressive & anxiety

2) one psychological test
MMSE

3) 6 component of above test.

Orientation, registration, attention, recall, language, drawing

MEQ 2

Part I

37 year old man presented with left scrotal swelling.

1) what r 3 differential diagnoses n sign/symptoms of it

Testicular CA, hydrocele, varicocele

Part II

On examination, the patient had painless, hard testicular swelling

1) What condition should the GP be worried about?

Testicular cancer

2) What are the 2 signs suggestive of it?

Mass cannot be separated from testis, transillumination & fluctuation -ve

3) 4 risk factors

male, age, radiation, cryptorchidism, trauma, feminisation, mumps

4) What further investigations you would like to do?

USG, tumour marker, CT chest, abdomen

part III

1) describe briefly the classification of the testicular tumor.

2) Give 2 tumor markers.

AFP, B-HCG

part 4

Investigation- chest x-ray, CT abdomen shows normal finding. Right orchidectomy had done. Histopathology shows seminoma

Q1. Staging of the tumor?

stage 1

Q2. Next line of treatment?

Radiotherapy

Q3. How to monitor the patient?

tumour marker, PE

MEQ 3

Part 1

6 years old girl come with fever for 2 weeks duration.

1) List 5 Questions for dx and reasons... TB, leukemia, JIA, rheumatic, lymphoma, malaria

part 2:

travelling to jungle, arthralgia, myalgia, immunization is complete, birth hx is uncomplicated, looks pale and lethargic, nausea vomiting 3-5 times per day, fever spikes at night

1) list 5 physical sign with reasons to look for to achieve to the diagnosis.

Jaundice, pallor, rash, hepatosplenomegaly, dehydration, vital sign, CVS

part 3

pallor, no jaundice. pulse rate 100. respiratory 30, bp 90/60, hepatosplenomegaly, arthralgia, equal air entry, no murmur.

1) 5 investigations with reasons.

FBC, coagulation profile, LFT, BFMP, ESR

part 4

interpretation of result

(anaemia, lymphocytes 62%, High ESR, positive falciparum BFMP, liver function test (raised AST but normal total n indirect bilirubin, urine urobilinogen test positive,)

ANA negative, raised reticulocyte count, raised LDH, urobilinogen ++, RBC 5 g/dl, platelet 160k

part 5

outline the management and complication of this disease

IV fluid, tepid sponging, chloroquine, primaquine, ACT

Cerebral malaria, ARF, blackwater fever, pulmonary edema

endemic definition

surveillance (2 types)

What is flying doctor services

why residual spraying more effective for anopheles than aedes

MEQ4

paper 1

mrs. LS, G2P1 ,21w POA, hx of excessive nausea n vomiting for past 5 days in current pregnancy. sought treatment at busy daycare

Q1: what other S&S u want to ask/elicite?

Multiple pregnancy, hyperemesis gravidarum

Q2: what investigations u want to do with reasons?

USG, BUSE, FBC

part II

1.differential diagnosis for uterus larger than dates (4)

wrong date, poly, macrosomic, multiple preg, fibroid

2.state one investigation u would like to do and reasons(5) USG (fetus, placenta, amniotic fluid, well-being)

part 3

ultrasound shows multiple pregnancy.

1) what are the other 3 things to look for in the ultrasound?

Fetal abnormality, lambda sign, fetal lie, amniotic fluid

2) briefly discuss your plan of management for antenatal check up in this patient.

2 weekly with USG, fetal kick chart, HT, GDM, anemia, UTI

part IV

-outline ur management in labour.

1st child vertex as normal labour, then USG to check 2nd twin, if not long lie, ECV. If breech or cephalic, then deliver normally.

part V

u was called because of delay in placenta separation

-outline your management & procedure.

MRP.

-complications of the procedure.

Uterine inversion, PPH, infection, uterine rupture

MEQ 5

paper 1:

12 years old boy, obese, presented with limping. History of trauma to the left hip during football. Pain radiates to the anterior thigh.

Q1. 4 differential diagnosis

Fracture intertrochanteric, dislocation hip, SUFE, fracture acetabulum

Q2. 2 radiological investigations with a reason.

X-ray hip, pelvic AP, lateral views

paper 2:

AP pelvic, AP and lateral view of left hip were done. He was diagnosed to have slipped capital femoral epiphysis, with minor displacement

1. 3 radiological signs in AP view:

tretowan sign, wide epiphyseal plate Lateral view: femoral epiphysis tilted backwards (angle <90)

2. 3 risk factors.

Obesity, trauma, imbalance pituitary hormone & gonadal hormone

part 3

1) What are 2 blood biochemistry investigations to exclude endocrinopathy in this patient?

GH, testosterone

2) If left untreated, what are the 3 complications?

AVN, 2nd OA, coxa vara

3) Definitive management for minor slip?

2-3 threaded pin

4) The parents are concerned about the patient's condition and the treatment that u give according to Q3, what are the 3 complications from that treatment?

Pin fracture, infected pin, sciatic nerve injury

part 4

a 18 year old boy, jus before SPM exam, started to feel that his bro is spying him, his mother has bad intention on him. He claimed that there is a snake under his bed, his father shows him that there is no snake under the bed. however, he did not believe what he father said and still believe there is a snake under his bed.

1.) what are the history to take from him and his family member.

Auditory hallucination, self-harm, brain tumour, drug

2.) name 2 investigations u wan to do and reason.

Bio: CT, drug psycho: personality test social: home visit, collateral history

3.) what is ur management for him now.

Biopsychosocial

4.) how long is the management should last?

4-6weeks

SET 4

MEQ 1

PART ONE

A 18-year-old girl claimed to have 'hole in the heart', presented with reduce effort tolerance. On examination, she was found to have parasternal heave, loud P2 and pansystolic murmur at the left lower sternal edge with no changes in intensity with respiration. She is able to sleep with one pillow with no shortness of breath.

1.State 2 causes of pansystolic murmur and their differentiating features [2m]

a.VSD, MR, TR

b.Site, timing, radiation, position

2.State one investigation to confirm the lesion [1m]

a.Echocardiogram

3.State the precautions that should be taken prior to any procedure [1m]

a.Prophylactic antibiotic – oral penicillin

PART TWO

A few months later, she developed shortness of breath with finger clubbing, central cyanosis, elevated JVP, peripheral edema, abdominal enlargement, loud pansystolic murmur, palpable P2, parasternal heave, need to sleep with 2 pillows. No bibasal crepitations. She was given frusemid, spironolactone and captopril.

4.Significance of parasternal heave [1m]

a.RVH secondary to PHPT

5.Significance of loud P2 [1m]

a.PHPT

6.State 4 differences between carotid pulse and JVP [4m]

a.Fill from above, visible not palpable, hepatojugular reflex, 2 waves

7.State the provisional diagnosis and explain the pathophysiology [2m]

a.Eisenmenger syndrome. Left to right shunt-> volume overload-> pulmonary vascular damage-> PHPT ->Right to left shunt

PART THREE

She was scheduled for appointment in cardiac centre. While waiting for the appointment, she went for a dental extraction. A few days later, she developed fever, joint pain, splenomegaly.

8.State your provisional diagnosis with reasons [3m]

a.IE due to CHD, procedure done, no antibiotic, fever + joint pain + splenomegaly

9.List 3 physical signs to support your diagnosis [3m]

a.Osler, Janeway, Roth spot, splinter haemorrhages

PART FOUR

She was diagnosed with infective endocarditis

10.State the criteria system used to diagnose the condition [1m]

a.Duke's criteria

11.State 2 major criteria [2m]

a.Endocardial lesion

b.Positive culture

12.State 2 complications [2m]

a.Septic emboli, renal infarct, GN, valvular HD,

13.The most common organism [1m]

a.Strep viridians (40%)

PART FIVE

Congenital heart disease was associated with obstetrical problems.

14. List 3 questions to ask regarding the maternal pregnancy [3m]

a. DM in pregnancy, rubella, SLE

15. State 3 preventive measures [3m]

a. Prenatal – prenatal counseling, vaccination for rubella, age < 35 to lower risk of DS

b. Antenatal – multidisciplinary mx, control blood sugar level

MEQ 2

PART ONE

Madam B, a 70-year-old lady presented with passage of blood and mucus per rectum, painful desire to defecate and weight loss of 8kg.

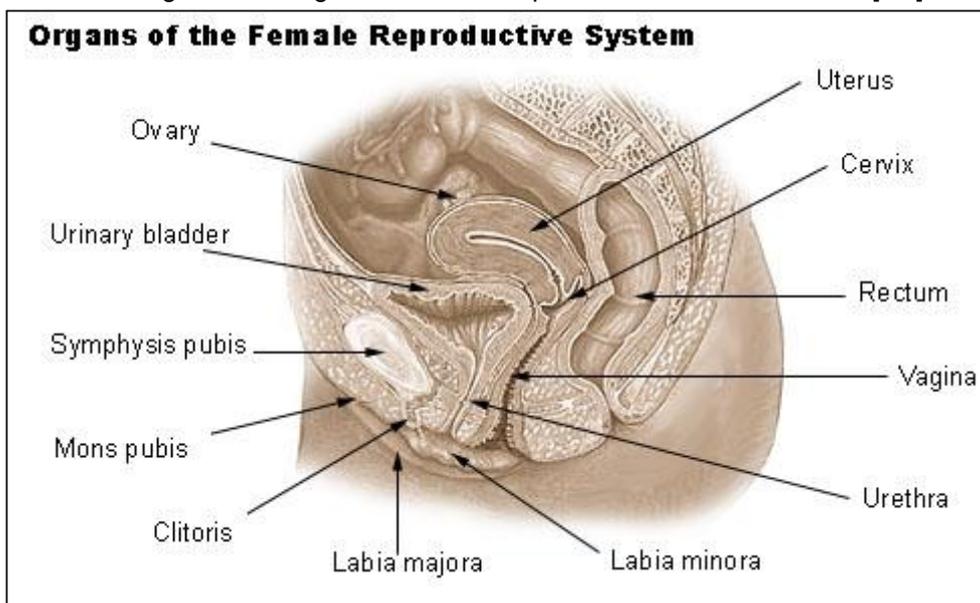
1. Provisional diagnosis [1m]

a. Ca rectum

2. State 2 differential diagnoses [2m]

a. Diverticulitis, polyps, IBD

3. Draw a diagram showing the anterior and posterior relations of rectum [4m]



PART TWO

PR examination showed a mass with palpable lower margin. Colonoscopy showed a mass 5x4cm with synchronous tumour.

4. State the most likely part of rectum involved [1m]

a. Middle third – more space tenesmus + mucus per rectum

5. State 4 premalignant lesions [2m]

a. FAP, HNPCC, adenomatous polyps, IBD

6. State 4 histopathological type of rectal carcinoma [2m]

a. Adenocarcinoma, squamous cell ca, mucinous ca, lymphoma

7. State 3 gross appearance of rectal carcinoma [1m]

a. Fungating, ulcer, annular, tubular

8. Define synchronous and metachronous [1m]

a. Synchronous – same time different site

b. Metachronous – diff time, diff site

PART THREE

Biopsy showed a colloid carcinoma of rectum and the polyp was benign. She was scheduled for surgery 2 weeks later. Staging was T3N2M1.

9.State 3 imaging for staging and reasons [3m]
a.CT abdomen, ultrasound abdomen/rectal, CXR, bone scan

10.State the meaning of T3, N2 and M1 [3m]
a.T3 – serous N2 – pericolic > 3 M1 – mets present

11.Describe pre-operative preparation [3m]
a.Patient prep – consent, bowel, infection, stoma, hydration, anemia
b.Lab prep – coagulation, crossmatch, LFT, RP, CXR, ECG

12.State the surgical procedure for this patient [1m]
a.Radical excision of rectum with total mesorectum excision

PART FOUR

She was noted to have odd behavior, cry frequently, low mood and terminal insomnia for more than 2 weeks. Operation was delayed because she was not co-operative. For the one weeks, she was noted to talk to herself and claimed to hear angels talking to her.

13.State the most probable diagnosis [1m]
a.MDD single episode severe with psychotic features

14.State reasons for the above diagnosis [2m]
a.Fulfills the DSM-IV-TR criteria such as low mood, terminal insomnia, odd behaviour, 2 weeks, psychotic features

15.Outline the management for this patient [3m]
a.Bio – anti depressive medication
b.Psycho – interpersonal therapy, CBT, behaviour therapy
c.Social – family support

MEQ 3

PART ONE

A 4-year-old girl presented with fever for 7 days

1.List 5 relevant questions with reasons [5m]
a.cough – respi tract infection
b.rash – viral exanthem, dengue
c.dysuria – UTI
d.photophobia, neck stiffness, headache – meningitis, encephalitis
e.urine output – dehydration

PART TWO

She complained of persistent and continuous high fever. No cough or shortness of breath. Mother noted swelling at the right neck area with red eyes and rashes over the trunk and back. He also developed irritability with poor oral intake. No emesis or diarrhea.

2.List 4 differential diagnoses [4m]
a.Kawasaki
b.Measles
c.Rubella
d.Dengue
e.Chicken pox
f.Scarlet fever

3.List 5 physical examination with reasons [5m]
a.Koplik spots – Measles
b.Occipital LN – rubella
c.Dengue – Hess test
d.Rashes type & distribution – vesicles Chicken pox, maculopapular measles & Kawasaki
e.Mucocutaneous – Kawasaki
f.Vital – dehydration

PART THREE

Temperature 40 C, respiratory rate 26/min, pulse rate 146/min, blood pressure 100/60 mmHg. Cervical lymphadenopathy, non-pruritic maculopapular rash, throat slightly erythematous, lips red and cracked, hand erythema and swollen.

4. List 5 investigations [5m]

- a. Throat swab
- b. Echo
- c. Blood C+S
- d. FBC for thrombocytosis
- e. ESR/CRP
- f. UFEME

PART FOUR

FBC: 12.5/16.7/675K; UFEME: white cell count 30, culture negative; EBV negative; LFT: elevated AST & ALT, hypoalbuminaemia; ESR 65mm/hr; blood culture negative.

5. Interpret the abnormal results [5m]

- a. Leukocytosis – infection
- b. Thrombocytosis – reactive inflammation
- c. Liver impairment – hepatomegaly
- d. ESR – active inflammatory response
- e. UFEME – GN, atypical feature for Kawasaki

PART FIVE

The child requires follow-up. However, up to 14 years old, she defaults treatment as she feels that she had recovered.

6. How do you assess the insight [2m]

- a. Whether does she know she is ill, whether she knows that she needs treatment, compliance to treatment. So her insight is poor

7. List the factors determining the treatment adherence [4m]

- a. Patient – insight good
- b. Drug – easy to rmb regime, less s/e
- c. Doctor – good rapport
- d. Family – support

Question 4

PART ONE

Madam A, 43-year-old nulliparous lady, was married 20 years ago, admitted to gynaecology ward with menorrhagia.

1. Define menorrhagia [2m]

- a. Heavy menstruation, regular cycle (>7 days, >80ml)

2. List 4 causes of menorrhagia [2m]

- a. Fibroid, endometrial hyperplasia, endometrial ca, adenomyosis

3. State the most probable diagnosis with 2 reasons [3m]

- a. Fibroid – female, nulliparous, reproductive age group, no breast feeding

4. List 3 most relevant investigations with reasons [3m]

- a. Transabdominal/transvaginal USG – fibroid, mass
- b. Coagulation profile – bleeding tendency
- c. Hysteroscopy with biopsy – fibroid/adenomyosis/endometrial ca/polyps

PART TWO

Ultrasound was done and she was diagnosed with multiple fibroids. The largest measuring 5x6cm and uterus size was 14x8x6cm.

5. Explain the pathophysiology of menorrhagia in fibroids [4m]

- a. Increase surface area more endometrial proliferation menorrhagia
- b. Impaired uterine contraction intramural fibroid
- c. Ulceration of the fibroid submucous fibroid
- d. Pressure of fibroid on venous return impaired blood flow back to venous drainage
- e. Imbalance between prostaglandin E and F

6. How to differentiate ovarian from uterine mass [4m]

- a. Location
- b. Mobility – freely mobile (fibroid)

- c. Consistency – firm (fibroid), cystic (ovary)
- d. Bimanual palpation – move when push upwards (uterus)

PART THREE

Total abdominal hysterectomy was done and ovary was preserved

7. List 3 questions that help in decision to conserve the ovaries [3m]

- a. Premenopausal, HRT?, can come back for follow up? (if can, then can preserve ovary, if not, then TAHBSO)
- b. Dr SL: h/x of ovarian, breast & colon Ca

8. List 3 immediate complications of above surgery [3m]

- a. Immediate – infection, bleeding, anaesthesia, injury to surrounding structures
- b. Late – DVT, UTI, wound infection, wound breakdown

PART FOUR

Uterine fibroids is the commonest uterine neoplasm

9. What is the chances of developing fibroid in women of 30 years old [1m]

- a. 20%

10. Is the statistical data for fibroids accurate? Why? [1m]

- a. No. Asymptomatic fibroid not recorded, benign condition hard to get statistic

11. Is there any effective screening program? [1m]

- a. No. Not cost effective

12. List 3 reasons why screening program is not practical in Malaysia [3m]

- a. No simple effective screening tool
- b. Benign tumour unlikely malignancy
- c. Diff to detect early stage
- d. Low morbidity and mortality rate

MEQ 5

PART ONE

Mr Y, a 60-year-old clerk, presented with 6 months of knee pain and stiffness. The condition progressively worsened for the past few weeks.

1. Describe the history to help in making diagnosis [4m]

- a. Progressively worsen pain at large joint, morning stiffness < 30 mins, relieved by resting, aggravated by moving, crepitus, joint tenderness, absence of swelling and systemic infection

2. State 2 conditions requiring referral to specialist for immediate treatment [2m]

- a. Failure of medication
- b. Patient's request
- c. Loss of function / QOL

PART TWO

His weight was 95 kg and height 161 cm. On examination, he had a 5 degree varus deformity on the right knee and 10 degree varus deformity on the left knee. He complained of worsened symptoms in the morning and evening. He denied history of malignancy.

3. State your provisional diagnosis [2m]

- a. Bilateral knee osteoarthritis

4. State one diagnostic investigation [2m]

- a. Knee X-ray AP & lateral

5. State 3 pharmacological management [3m]

- a. NSAID
- b. Steroid
- c. Chondroitin/glucosamine

PART THREE

He is staying in a double storey house and his bedroom is on the second floor. Every morning, he will have stroll in the park before going to the market 1 km away from his house.

6. State 5 advices to reduce pain and stiffness [5m]

- a. Stay downstairs
- b. Take medication
- c. Walking aids
- d. Take rest in between stroll
- e. Strengthen the thigh muscles
- f. Reduce weight

7. State 2 operative procedures if the condition worsened [2m]

- a. Arthrodesis
- b. TKR

Left total knee replacement was done.

8. State 8 complications of the procedure [4m]

- a. Infection
- b. Psychological depression
- c. Prosthesis failure
- d. DVT
- e. Aspiration pneumonia
- f. Bedsores
- g. Stiffness of other joint
- h. Anaesthetic

PART FOUR

Post-operatively, he had delayed mobilization due to post-spinal headache. A few days post-op, she developed shortness of breath as well as tender and swollen calf.

9. State 2 possible complications that occur [2m]

- a. DVT with PE
- b. Aspiration pneumonia

10. State 4 post-op measure to reduce the complications [4m]

- a. Heparin
- b. Early mobilization
- c. TED stocking
- d. Pneumatic compression of calf

SET 5

MEQ 1

Part I

Puan Z, 43y.o, experienced open heart surgery to correct 10years ago. She presented to Serian District Hospital for fever for 2weeks. No URTI symptoms.

1. Define pyrexia of unknown origin (PUO)

fever >38.3 for >3 weeks without obvious source despite appropriate ins

2. List 5 PE & reasons

CVS: IE

Vital sign

Respi: TB, abscess

Abd: liver abscess, PID

LN: lymphoma

Joint: RA

3. List 5 Investigations to do in Polyclinic

FBC, BUSE, CXR, UFEME, LFT, USG, RBS

Part II

On further questioning, she had previous history of CRHD 10years ago. At that time she presented with unilateral loss vision & Lt Upper limb hemiparesis. However it was transient for 15min. she later underwent open heart surgery for moderate mitral stenosis. She was on warfarin until now.

4.3 clinical signs with reasons why she underwent open heart surgery

TIA, AF, MS

5. Cause of his transient problem 10 years ago?

TIA

6.2 investigations to confirm this Pt. diagnosis

Echo, blood culture

7. Diagnosis of this Pt.

IE

Part III

She was diagnosed with infective endocarditis

8.2 complications of this Pt. conditions

RPGN, stroke, splenic abscess, brain abscess, heart abscess

Part IV

She later developed haematuria

9. Pathophysiology of haematuria in this Pt.

IE → immune complex → GN

10. Management of this Pt. condition

IV fluid, IV cyclophosphamide, high dose steroid

MEQ 2

Part I

40y.o, male, chronic smoker presented with dark Rt toe, pulseless and numbness

1. Define the cause: Clinical condition

Gangrene: macroscopic death of tissue with/ without putrefaction

2. Classification of above condition

Wet & dry

3. Different between both

Dry: line of demarcation obvious, not d/t infection, greasy to touch

Wet: line of demarcation not obvious, d/t infection, crepitus & swollen

Part II

The foot pulseless up to distal femoral of the Rt leg. He also experienced intermittent claudication.

4.3 Common causes of non-infectious gangrene

Frostbite, atherosclerosis, diabetic gangrene, ainhum

5. Other clinical features associated

Pain, pulseless, pallor, paralysis, paraesthesia, perishing cold, prolonged CRT

6. Give 5 investigations & reasons

RBS, Doppler USG, arteriography, lipid profile, C&S wound, ABPI, FBC, BUSE

Part III

40y.o, male, chronic smoker presented with dark discoloration of the Rt toe. The foot pulseless up to distal femoral of the Rt leg. He also experienced intermittent claudication.

7. Management of this Pt.

Treat current: amputation

Lifestyle: exercise, diet, stop smoking, reduce weight

Medic: statin, aspirin, metformin

Foot care

Surgery: bypass graft, percutaneous transluminal angioplasty (PTA), endarterectomy

Part IV

He underwent amputation. The pre-op & operation assessment was uncomplicated. However, next day after operation he developed agitation, restlessness & visual hallucinations

****delirium?***

8.1 MOST important history you have to ask the caretaker

Conscious?

9. Other history?

Disturbance of cognition: memory, disorientation, language

Drug?

10. Management of this Pt. current condition

Bio: haloperidol, benzodiazepine

Psycho: psychoeducation, cognitive behavioral therapy

Social: family support, occupational, marital

MEQ 3

Part I

8y.o boy presented with facial puffiness for 4days and shortness of breath for 2days

1. Give 5 history with reasons

Frothy urine, hematuria, previous URTI, scrotal edema?, HT (dizziness, headache), oliguria, abd pain, easy bruising

Part II

He later developed haematuria

2. List 5 PE with reasons

Vital sign, respi for pulmonary edema, abd for ascites, check for bruises, CVS for heart failure, CRT

Part III

FBC: Hb: ↓

BUSE: Normal

LFT: Normal

Urine FEME: casts - blood

3. Interpret the results

(As above)

4. Diagnosis?

PSAGN

Part IV

He was diagnosed to have Post-Streptococcal Acute Glomerulonephritis

5. Management of this child

Salt restriction but normal protein diet, water restriction, penicillin V, diuretic for pulmonary edema, monitor vital sign, urine output

Part V

He was discharged home when recovered. However, because they live far away in the rural, you as a MO in-charge allow them to have a regular follow-up in the polyclinic.

6. How to management this Pt. in polyclinic

Monitor urine, BP, RP, symptom

Question D

Part I

Puan X, 43y.o P5, last child birth 6years ago was currently on OCP. She comes for her yearly pap smear.

1. Define pap smear

cytological examination of cervical wall epithelium to detect pre-malignant condition of cervix

2. Pap smear procedure

a. Avoid sexual intercourse, douche, insert any medication into vagina 24hrs

b. 10 days after 1st day of menstruation

c. Complete cytology form

d. Wash hands & wear gloves

e. Consent

f. Lies on her back with knees drawn up

g. Swab introitus with NS

h. No bimanual examination should be done carried out before the smear is taken.

i. Cervix exposed with a Cusco's speculum (preferably without any lubrication)

i. Can use sterile water or NS

j. After the cervix has been exposed a scrape is taken from the ectocervix & the full circumference of the squamous-columnar junction with an Ayre's spatula rotating through 360 movement

i. Young, multiparous & premenopausal: bi-lobed end of the spatula

ii. Postmenopause: tapered end of the spatula

k. Smear on clean labeled slide

l. Fix with 95% ethanol for 30min

m. Send to lab for examination under microscope

3. Give 5 non-contraceptive benefits for OCP

Reduce dysmenorrhea

Reduce menorrhagia

Prevent endo, ovarian CA

Prevent benign: breast, fibroid, endometriosis, ovarian cyst

Regular cycle

Improve BMD

Improve hirsutism

Manipulate menstrual cycle

Part II

Her pap smear report was abnormal. Colposcopy was scheduled and revealed acetowhite area; CIN 3

4. Define colposcopy

Technique of viewing cervix with stereoscopic binocular microscope with low magnification to determine the source of abnormal cells

5. Pathophysiology of acetowhite area

Acetic acid coagulate protein in cytoplasm & nuclei which is excess in abnormal cells preventing light from passing through.

Part III

Examination under anaesthesia (EUA) was performed showed Stage IIB

6. What is stage IIB?

Parametrium but not pelvic side wall

7. Outline the management (6m)

chemo-radiation therapy, general, counseling, follow up

8.2 immediate post-treatment complications?

Dry cervix, N&V

Part IV

Months after post-treatment, she developed suicidal ideation, poor appetite, and disturbed sleep. She was referred to psychiatric MO oncall.

9. How to assess this Pt. suicide risk?

SADPERSONS

Sex, age, depression, previous attempt, ethanol use, rational loss, sickness, organized plan, no support, stressors

10. Management of her current condition

Bio: venlafaxine

Psycho: CBT

Social: family support

MEQ 5

Part I

40y.o gentleman comes to polyclinic with history of severe low back pain radiating to his Lt lateral lower limb.

1. Give 4 differential diagnosis + Hx + PE

Lumbar spondylolisthesis, PID, Trauma, TB spine

Part II

He presented with lower back pain radiating to his Lt Lateral lower limb. Straight leg raising test was positive. He gave the history of carrying a heavy box prior to the incidence.

2. Diagnosis for this Pt.

PID

3. Give 4 investigations + reasons + possible findings

Spine X-ray lateral, AP: narrowing of disc space, osteophytes d/t 2nd OA

MRI spine:

CT

Myelography: confirm disc protrusion & exclude intrathecal tumour

Mantoux test

Part III

He was diagnosed to have PID (obviously not Pelvic Inflammatory Diseases).

4.Pathophysiology of PID (Draw diagram)

5.Management for this Pt.

Rest: NSAID, hips & knee slightly flexed with 10kg traction

Reduce: cont bed rest for 2 weeks

Removal: surgical (microdisectomy)

Rehab

As a MO in the polyclinic, you advised him regarding his working condition & predisposing factors as he working as a labourer.

6.4 predisposing factors for this Pt.

labour worker, injury, young, _

7.So what you can do for this Pt.?

Change job, don't do heavy lifting

SET 6

MEQ ONE

PART ONE

2 years old, previously healthy boy presented with 2 days history of fever with cough.

a.4 important questions with reason for help to come to diagnosis.

Wheezing? Asthma

SOB, cyanosis? Severity

Change voice? Croup

Chills & rigor? High grade fever

Family history of asthma, eczema

1st admission? asthma

b.4 physical signs with reason.

Peripheral sign: Cyanosis,

vital sign,

Respi: accessory muscle, creps, ronchi, chest recession

CVS: congenital heart disease

c.4 investigations with reason.

CXR

FBC

Sputum C&S

Blood C&S

BUSE

d.Explain 4 abnormalities of the investigation results.

i.High TWC

ii.Abnormal blood smears with toxic granulation (neutrophil)

iii.Abnormal chest X ray

iv.Blood culture positive

e.Outline the management

PART TWO

IV fluid, tepid sponging, ab, paracetamol 15mg/kg 6hrly

f.Primary prevention for his household.

g.Primary prevention for his community.

MEQ TWO

14 years old man presented with 2 month history of painful progressive right thigh swelling.

a.2 other differential diagnosis other than neoplasm

Abscess, malunion

b.6 features from history and examination which suggestive of malignant tumor

HistoryDuration, night pain, size, constitutional symptoms

PE: size, consistency, margin, sign of inc vascularity (dilated vein, warm, redness, tenderness, stretch marks)

c.5 investigations with reason

X-ray femur AP Lateral, CXR, CT abd CT thorax, FBC, ESR/CRP, ALP, MRI for soft tissue, bone scan

d.X ray features of osteosarcoma.

Sunray appearance, codman triangle, calcification, extension of soft tissue, osteolytic, osteopenia

e. Explain Enneking staging for osteosarcoma.

Stage 1: low grade

A: intracompartment

B: extracompartment

Stage 2: high grade

A: intracompartment

B: extracompartment

Stage 3: mets

f. Management plan for him

Neo-adjuvant chemo, surgical resection, post-op chemo, rehab, follow up

g. Serum ALP level as marker for underlying osteosarcoma. With data given, create 2 by 2 table and calculate sensitivity and specificity.

	Positive	Negative
With Osteosarcoma	39a	10b
Without Osteosarcoma	10c	41d
	49	51

Sensitivity: $39/49=$

Specificity: $41/51=$

MEQ THREE

30 years old lady, known case of SLE with Lupus nephritis presented with unable to comb hair, rising from chair and climbing stair, associated with purplish striae, buffalo hump and moon face.

a. Provisional diagnosis with reason.

Cushing syndrome

b. Other features to help you to come to the diagnosis.

Thin skin, HT, #, supraclavicular fat pad, bruising, plethora, carpal tunnel

c. 3 causes of her condition and distinguishing features between them

Cushing disease, ectopic ACTH (small cell lung CA hyperpigmentation), drug-induced (medic), adrenal tumour (abd mass, no hyperpigmentation)

d. Drug that will cause similar adverse effect to the bone

Heparin

e. Explain the effect of long term steroid therapy towards the endocrine glands and hormonal profile.

Long term steroid → -ve feedback → prolonged dec ACTH → adrenal atrophy → no cortisol hormone

Risk of Addisonian crisis

f. Ways to prevent the complication arising from long term steroid therapy

Vit D, calcitriol, H2 blocker

g. She develops delusion after discharged. She said neighbor try to poison her. Hearing voices. Mother not agrees with her.

i. 4 differential diagnosis

Schizophrenia, schizoaffective disorder, schizophreniform disorder, psychotic disorder due to Cushing syndrome, with delusion, brief psychotic disorder, substance induced psychotic disorder

ii. How to manage her.

Bio psycho social

MEQ FOUR

18 years old G2P1 with previous history of LSCS scar a year ago due to prolonged second stage present to MCHC for booking at 30 weeks period of amenorrhea. LMP: 21.10.2006.

a. Calculate EDD and POA.

b. 4 problems in this mother

Previous uterine scar, late booking, history of prolonged 2nd stage,

c. 4 question to ask about the previous LSCS before refer patient to ANSC.

Any complication, intra-op finding, type of scar, indication,

d. Mode of delivery offered and which one you suggest?

Trial of scar or LSCS. ToS coz young, less complication, more children, less hospital stay

e. She presented to you at 37week POA in active phase of labor. Os 5cm, station -2, PV bleed noted. Maternal hypotension 100/60, tachycardia 110bpm.

i. Immediate diagnosis. Hypovolaemic shock d/t AP

ii. Immediate management. Stabilize & EmLSCS

f. She undergone emergency laparotomy and hysterectomy was performed. She developed low mood, poor sleep, and suicidal ideation.

i. Immediate diagnosis. postpartum depression

ii. How do you assess her and plan of management

Bio psycho social SADPERSONS ECT

MEQ 5

78 years old male presented with the complaint of "unable to pass urine" for 24 hours, presented with suprapubic pain. Bladder palpable at umbilicus.

a. Immediate management

Check penis, catheterization

b. Investigations to confirm the diagnosis

PSA, TRUS and biopsy, abd USG

c. 3 irritative and 3 obstructive symptoms

Irritative: frequency, urgency, nocturia

Obstructive: hesitancy, intermittent flow, poor stream, terminal dribbling, sensation of incomplete emptying

d. Differential diagnosis

BPH, prostate CA, bladder stone

e. Zones of prostate gland

Central, peripheral, transitional, anterior

f. Causes of elevated PSA level.

BPH, prostate CA, prostatitis, catheterization, TURP, prostate biopsy, inc age, prostate massage

g. What causing haematuria?

BPH cause bladder hypertrophy cause diverticulum leads to inc blood supply then compress venous return leads to vesicle piles then ulcerate, infected, stone, pressure then hematuria

h. Options for management of BPH?

Medical: a-blocker (terazosin, doxazosin), 5a-reductase inhibitor (finasteride, dutasteride)

Surgical: TURP, TVP, RPP, TPP

i. Complication of surgical prosectomy?

Retrograde ejaculation, TURP syndrome, hemorrhage, infection, stricture, impotence, recurrent

j. He underwent TURP. 2 days later he complains of seeing 'ghost'. Disorientated to time, place and person.

i. Immediate diagnosis? Delirium

ii. Management? Bio psycho social

SET 7

MEQ ONE

PART ONE

17 years old years old Primi. Pregnancy with anemia.Go to antenatal check up.LMP 13/10/13

1.Calculate The EDD and POA

2.2 reason why high risk

3.3blood investigation and reason during booking and give reason
-haemoglobin-Rh isoimmunisation-Hep B VDRL

4.Name imaging ix and fetal parameters
u/s to check –BPD, HC , Abdominal circumference

5.Antenatal schedule for follow up
2weekly until 38. Weekly till delivery.

PART TWO

34weeks of gestation. Amniotic index normal. Now Come with Post Term

6.Complete diagnosis:

17years old Primi Post date with Anaemia in pregnancy

7.Blood investigation for low hb level

-Serum ferritin
-Serum TIBC
- peripehral blood film

8.Antenatal complication

-Anxiety
-IUGR

9.Intrapartum complication

-fetal distress
-Meconium aspiration
-Cord compression
Induction of labour

PART THREE

Planned for Induction of labour

10.procedure

-Confirm post date
-CTG
-Bishop Score
-IV line for GSH

11.Name drug for induction of labour

-Prostin Prostaglandin E2

12.Management of hyperstimulation

MEQ TWO
PART ONE

8 months old child come with pallor.
List important history you want to take with reasons. (5 marks)

PART TWO

Born at term via SVD of non-consanguineous marriage. There was poor feeding and poor growth. The baby seems to very lethargic. There were no family history of haematological disorder in family and no family members giving regular blood transfusions.

a.List physical examination findings you look for with reasons. (5 marks)

PART THREE

On physical examination, the child seems to be pallor. There was no any lymphadenopathy. Vital signs were normal. On abdominal examination, there was presence of hepatosplenomegaly. Growth chart shows height for age and weight for age below 3rd centile.

a.What are the investigations would you like to do with reasons? (5 marks)

PART FOUR

Investigations were carried out. These are results

Full blood count- Hb- low

WBC- normal

Platelet – normal

MCV- low

MCH- low

MCHC- low

Peripheral blood film- hypochromic microcytic red blood cells and basophilic stippling.

HB Electrophoresis- HbF- 95%

HbA- 1 %

HbA2- 3%

Liver function test- Serum bilirubin increases, liver enzymes was not raised, albumin was normal, coagulation profile was normal.

Iron studies – Iron increased, Ferritin increased, TIBC was normal.

a.Comment on the investigations result. What is your diagnosis now and give reason based on your history, physical examination and investigations result. (5 marks)

PART FIVE

He was diagnosed with B-thalassemia major.

a.What are two treatment modalities available for this disease (2 marks)

b. What are the complications of this disease? (2marks)

c. What are investigations you want to do to check carrier status (2 marks)

d. If both parents are carrier, what is the probability of the child getting the thalassaemia. (2 marks)

E. List two vaccines given to a child between 6 to 12 months (2 marks)

MEQ THREE

PART ONE

A 37 years old lady presented with loss of weight, increased appetite and diarrhoea. She only has asthma which is well controlled. Her pulse rate 110 bpm and BP 130/100. Physical examination did not reveal any abnormalities.

1. What other symptoms that might be present in this lady?

Heat intolerance, sweating and warm palm,

2. What is your diagnosis?

Hyperthyroidism

3. What 2 other serious complications can be caused by the diagnosis?

Thyrotoxic crisis, atrial fibrillation

4. What 3 drugs will you prescribe?

Drugs – carbimazole

PART TWO

She has been diagnosed with hyperthyroid. After being treated with Carbimazole for a year, she was euthyroid and medication was stopped for 6 months. She came back in after that with the same presentation.

5. What other alternative treatment will you offer her?

Surgery/radioactive iodine

6. What are the complications from surgery?

PART THREE

After the treatment, she came back with increase weight, low mood, poor appetite and depressed. She was given thyroxine and amitriptylin. After 6 months, she was brought to A&E by her son because she ingested 30 amitriptylin tablets.

7. What are 4 serious side effects of amitriptylin?

Drowsiness,, dizziness,, numbness,, tingling of limbs

8. What will be your immediate action as a medical officer?

9. How will you evaluate the suicidal intent in this lady?

10. What other anti-depressant can you give for her?

MEQ FOUR

PART ONE

Mr Chris, presented with backache for 3 months + LOW.
-give 3 differential diagnosis

-6 questions u want to ask

PART TWO

He has contact with his father who has PTB. he looked pale and emaciated. he has angular kyphosis deformity.
-give your diagnosis and reason

-3 blood investigation and expected result

-3 non-blood investigation and expected result

PART THREE

he was given treatment
-name 3 anti-tb drugs and its common complication

PART FOUR

he later develop lower limb weakness
-name the phenomenon and give reason

-2 indications of surgery in TB spine

-2 post-op complications

MEQ FIVE

PART ONE

1. LUTS for 2 years with retention of urine
a. Diff btw acute and chronic retention

b. LUTS S&S

PART TWO

c. Provisional diagnosis

c2. Other clinical region you would like to check

PART THREE

d. A&E mx

e. 2 ix you would like to do

f. Pharmaceutical treatment

g. Pathological changes of BPH

SET 8

MEQ ONE

PART ONE

lady, knee pain for 6 months?, aggravating in past 2 months, effusion

- differential diagnosis

- question to ask

PART TWO

She is obese, has varus deformity of the both knee. She had pain at the ?

- give the diagnosis

- give 3 pharmacological treatment

She lives in 2-storey house with her room in 2nd floor. She takes stroll everyday to the market 1km away for grocery.

- give 8 non-pharmacological advices to her.

PART THREE

The medical management fails.

- give indication for operative treatment

MEQ TWO

PART ONE

4. Breast CA, with skin involvement

a. Clinical classification

b. Next step

PART TWO

c. Treatment you like to do

d. other 3 treatment modality

PART THREE

e. Patient undergone simple mastec with AC. how would you follow up the patient.

f. Describe the surgical procedure

g. what is level II LN dissection

MEQ THREE

PART ONE

An 18 years old girl came in with choreoathetotic movement, restless, bradykinesia, dysdiadochokinesia.

1. What are the 4 causes of choreoathetotic movements?

seizure

2.How will you elicit bradykinesia?
Do rapid alternating movement

3.What kind of nystagmus?

4.What will you find in the eye? Explain the mechanism.

5.What other 3 investigations will you ask for?

PART TWO

Blood result: FBC: 11, WBC: 3.5k, Platelet: 120k
LFT: bilirubin:15, ALT: 40, AST: 40, ALP:100, Alb:25, Total pr:40
Serum ceruloplasmin:10 (20-40)

6.Comment on the FBC and LFT and relate the available result with the CNS problem.

7.What is your diagnosis?

PART THREE

8.She has 3 other younger brothers who are normal. What advice will you give them?

9.2 types of drugs for her condition.

MEQ FOUR
PART ONE

8 months old boy presented with loss of consciousness after having generalized seizure. The mother could not arouse him. During assessment, you noticed there is bruises at thigh.

a.4 most important assessments to do when you see the patient. (4 marks)

b.What is the next important assessment you want to do? (1 mark)

c.While you doing assessment, you also taking history from the mother. List important history you want to take with reasons. (4 marks)

PART TWO

On further questioning, the boy is afebrile. There is one vomiting episode. No previous history of similar episode. There was no history of trauma. No family history of seizure/epilepsy. There is no family history of bleeding tendency. He was on any medication. Antenatal, birth and postnatal history was uneventful. There was previous admission due to fracture of humerus. The boy is living together with his mother and step-father and other sibling. The other siblings are well.

a.List physical examination findings you look for with reasons. (4 marks)

PART THREE

On examination, the child is well

Vital signs

Blood pressure- 90/69 mmHg

Temperature- 37

Respiratory rate- 35 breath per minute

There was presence of neck stiffness noticed but no other sign of meningism. There are other similar bruises of different age and size noticed over the body.

There is swelling noticed at left arm. The other systemic examination is normal. The CNS examination was normal.

a.What are the investigations to do with reason.(4 marks)

PART FOUR

Investigations result

FBC- shows normal value

BUSE- shows normal value

Blood glucose level- shows normal value

ABG- shows normal value

a.Considering your history, physical examination and investigations result, what is the most likely diagnosis? (2 marks)

PART FIVE

5.CT scan have done and the result is shown.

a.Interpret the CT scan and what is your diagnosis. (4 marks)

b. What is another important investigation that you wanted to do. (2 marks)

6. After a neuroimaging is done, the child suddenly become more deteriorates but no more seizure.

GSC—6

Investigations

Vital signs

Blood pressure- Hypertension

Pulse- Bradycardia

Respiratory rate – low respiratory rate

a. What is the condition called and underlying aetiology? (3 marks)

b. What are the authorities would you like to inform? (2 marks)

MCQ FIVE

PART ONE

Madam NMG, divorced, karaoke singer, complained of right abdominal pain with vaginal bleeding. She was pale and tachypnoeic. Ultrasound scan showed an empty gestational sac with fluid collection in POD. Her LMP was 17 Jun 2010.

1. What is the diagnosis?

-Right ruptured ectopic pregnancy

2. What are the differentiate diagnosis?

-Miscarriage

-Molar pregnancy

-PID

3. What other questions would you like to ask to confirm you diagnosis?

-Exaggerated symptoms of pregnancy and passage of vesicles to rule molar pregnancy,

-Contraception: IUCD

4. What are the investigations that you would like to do?

-UPT to confirm pregnancy

-FBC to rule out anemia

5. How would you manage this patient?

6. What do you called the signs when there is adhesion from the liver to the diaphragm?

-Fitz-Hugh Curtis Syndrome

7. What possible organism cause this syndrome

-Chlamydia trachomatis

8. What antibiotics would you prescribe her

-Metronidazole

9. How would you counsel her before discharging her

-contraception: condom and IUCD

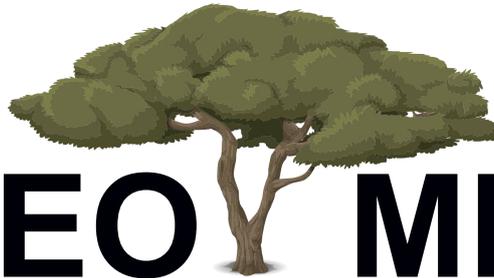
-compliance to antibiotics regime

-to come for antenatal check up if she showed any signs and symptoms of pregnancy to rule out ectopic pregnancy

STUDENT NO. :

NAME : _____

BORNEO MEDICA COLLEGE



BORNEO MEDICA

FINAL PROFESSIONAL EXAMINATION II

LONG & SHORT CASES ANALYSIS

2015 / 2016

DO NOT OPEN THE QUESTION PAPER UNLESS YOU ARE INSTRUCTED TO DO SO

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Prepared by the Underground Kidz™

A) FINAL PROFESSIONAL EXAM 2004

LONG CASE

1. Chronic renal failure
2. epilepsy
3. osteosarcoma
4. obstructive jaundice with hepatomegaly
5. twin and pih
6. depression
7. testicular tumor with bilateral hernia
8. bipolar
9. chronic osteomyelitis
10. D.U.B
11. haemophilia with intracranial bleed
12. corpulmonale with COPD
13. GDM
14. SLE
15. Gullain barre synd
16. myasthenia gravis
17. lung ca with pemberton sign +ve

SHORTCASE

1. VSD with cyanosis with eisenmenger
2. thyroid swelling
3. diabetic foot with amputation with prosthesis
4. Mitral R
5. Mitral S
6. transverse lie due to PP
7. right indirect reducible inguinal hernia
8. congenital heart ds
9. multiple LN on post triangle of neck
10. ptosis (3rd nerve palsy)
11. PCL tear
12. uterine fibroid
13. ovarian cyst
14. osteogenesis imperfecta
15. twin pregnancy
16. mallet finger
17. pelvic mass
18. lung ca
19. FINAL PROFESSIONAL EXAM 2009
20. lung collapse
21. post-op wound
22. incisional hernia at wound with seedling, in pt post-op for ovarian ca
23. down synd
24. 'krussen' synd
25. oblique lie
26. developmental assessment
27. spinal ms atrophy ??

B) FINAL PROFESSIONAL EXAM 2009

LONG CASES

Medicine	<ol style="list-style-type: none"> 1. Nephrotic syndrome 2. Lung Ca + SVC Obstruction 3. Thyrotoxicosis + HTN 4. Diabetes Mellitus
Surgery	<ol style="list-style-type: none"> 1. Breast Ca + Mets Brain (presented with hemiparesis) 2. Choledocholithiasis + HIE 3. Renal cell carcinoma 4. Stomach Ca 5. Breast Ca
Paediatric	<ol style="list-style-type: none"> 1. Bronchial asthma + presented alone

	<ul style="list-style-type: none"> + atopy: allergic rhinitis, allergic conjunctivitis, allergic dermatitis + short stature <ol style="list-style-type: none"> 2. IDA + Mental retardation + ADHD 3. Thalassaemia+AEBA+ speech delay
Obstetrics & Gynecology	<ol style="list-style-type: none"> 1. Multiple pregnancy 2. PIH + 2 previous scar + PP 3. GDM 4. Molar pregnancy 5. Ovarian Ca
Psychiatry	<ol style="list-style-type: none"> 1. Schizophrenia 2. Mixed anxiety depressive disorder 3. Substance abuse
Orthopaedic	<ol style="list-style-type: none"> 1. Osteochondroma 2. Bone malignancy

SHORT CASES

Medicine	<ol style="list-style-type: none"> 1. Thyroid status – Grave's disease 2. VSD 3. Bronchiectasis 4. Stroke: Rt side hemiplegia 5. Ascites: portal HTN, liver cirrhosis
Surgery	<ol style="list-style-type: none"> 1. Hernia: indirect 2. Goiter 3. Lipoma: shoulder 4. Hydrocoele 5. Chronic liver disease
Paediatric	<ol style="list-style-type: none"> 1. Thalassaemia 2. Down syndrome + cyanotic HD 3. CVS: MR 4. Duchene Muscular Dystrophy (DMD) 5. Cerebral palsy
O&G	<ol style="list-style-type: none"> 1. Multiple pregnancy 2. Fibroid 3. Ovarian Ca
Orthopaedic	<ol style="list-style-type: none"> 1. Ulnar nerve palsy 2. Knee OA

C) FINAL PROFESSIONAL EXAM 2010

LONG CASE

Medicine	<ul style="list-style-type: none"> AE bronchial asthma Nephrotic syndrome Pyelonephritis CRHD + IE Congestive heart failure
Surgery	<ul style="list-style-type: none"> Ureteric calculi Obstructive jaundice Adhesional IO Multinodular goiter Colon Ca + IO Primary biliary cirrhosis Hepatocellular carcinoma Breast Ca Diverticulosis + haemorrhoids
Paediatrics	<ul style="list-style-type: none"> AE bronchial asthma Nephrotic syndrome Chronic ITP + learning difficulty Bronchopneumonia Thalassaemia Epilepsy
O & G	<ul style="list-style-type: none"> Multiple pregnancy Uterine fibroid Anemia in pregnancy SLE in pregnancy

Psychiatry	Bipolar Major depression Schizophrenia
Orthopaedics	AVN of hip Knee OA Gouty arthritis + secondary OA

SHORT CASE	
Medicine	COPD Aortic regurgitation CN 7 palsy Hepatosplenomegaly Stroke Gouty arthritis Polycystic kidney disease Rheumatoid arthritis Grave's disease
Surgery	Parotid swelling Varicose vein + ulcer Cervical lymphadenopathy (NPC) Inguinal hernia Fibroadenosis Breast Ca Multinodular goiter Stoma Lipoma
Paediatrics	VSD Cerebral palsy + VP shunt Haemophilia Hepatomegaly Post-BT shunt TOF ASD PDA
O & G	Breech Multiple pregnancy Fibroid Adenomyosis + endometriotic cyst
Psychiatry	
Orthopaedics	Ulnar nerve palsy Sebaceous cyst Osteochondrosarcoma Lipoma PCL tear

D) FINAL PROFESSIONAL EXAM 2011

LONG CASE

Orthopaedics AVN of Hip with HPT, DM, Gout, Dyslipidaemia * Soft tissue tumor of shoulder *
Psychiatry Obsessive Compulsive Disorder Schizo X 3 , treatment resistant * Major Depressive Disorder
Medicine -PUO with pleural effusion, anaphylaxis shock, acute renal failure n comatoes for 8 days. -k/c gout, hpt, dm, IHD post CABG now got MR, AF a heart failure, stroke, BPH, RF? * - Lung Cancer - COPD * - thyrotoxicosis /ba/heart failure
O & G Fibroid , with urinary retention *

GDM + Breech * Polycystic Ovarian Syndrome Pregnancy with previous scar and ovarian mass
Paediatrics Asthma * Haemophilia * 16 year old teenager with developmental delay & epilepsy only during sleep with scoliosis AGN/Nephrotic (?) Epilepsy
Surgery Multinodular goitre Oesophageal Cancer Obstructive Jaundice (Periampullary Ca ,Gallbladder Ca) * Breast cancer with spine mets * Colorectal Cancer + ileostomy Bilateral renal stone cx by pyonephrosis (with left ulnar & median nerve palsy) *repeating long cases

SHORT CASES

Medicine Thyrotoxicosis / Graves Acromegaly Bilateral UMN lesion (multiple sclerosis) Bilateral Lower Limb Weakness Murmur (MR, AR) Homonymous hemianopia
Surgery Breast Fibroadenoma Inguinal Hernia Simple nodular goitre / thyroids Paraumbilical hernia Stoma Lipoma @ the back
Paed Murmur (VSD) Right lung lobectomy + dextrocardia Bronchiolitis obliterans / Bronchiectasis / Bronchiolitis Brain tumor (examine accordingly) Hepatosplenomegaly (Thalassaemia)
O & G Breech Multiple Pregnancy Fibroid /Multiple fibroids Unstable lie Ovarian mass (?)
Orthopaedics ACL,PCL Ulnar Nerve OA Knee

E) SURGERY CLINICAL QUESTIONS

LONG CASES

IO due to adhesion, IO due to TB stricture Gastric CA Breast CA Kidney Stone Bladder CA Cholecystitis Enterocutaneous Fistula

Acute appendicitis
HCC
UGIH 2 to PDU
PGU
Recurrent colon ca
Appendicular mass, Appendicular mass+ grave ds
Acute appendicitis, Post op acute appendicitis
Acute erosive gastritis
Liver abscess
MNG
Acute cholecystitis
BOO secondary to bladder carcinoma
hepatoma
Bladder stone
Urinary tract infection 2 to rupture acute appendicitis,
type pelvic appendix

SHORT CASES

Subcutaneous lipoma at right subscapular
Wound Dehiscence
Post mastectomy axillary examination
Hernia
Thyroid
Para-umbilical hernia
Occipital lipoma
Scar/keloid at right axillary (post mastectomy)
Thyroid (grave's disease)
Keloid scar at bilateral ear
hernia
AVF
Sebaceous cyst
Thyroid (MNG)
Inguinal hernia
Skin graft and ulcer
hepatosplenomegaly
Dermoid cyst
Sebaceous cyst
fibroadenoma
lipoma
Inguinal hernia
Simple diffuse goiter
Thyroid
Right reducible indirect inguinal hernia,
bubonocele type with enterocele
Fibroadenoma
Hepatosplenomegaly
Sebaceous cyst
Wound complication at leg
Wound contracture/keloid
Inguinal hernia
Sebaceous cyst
lipoma
Simple MNG
Indirect Inguinal hernia
Keloid/scar
Bilateral ear lobe scar
Splenomegaly

QUESTIONS COLLECTION

SURGERY

1) Please examine this patient back (Lump at the lower part of back, just lateral to midline on the right side)-examination of the lump - +dilated vessel on the top of the lump (compressible)-what is your diagnosis? why? Lipoma

-what are the types of lipoma?
-what are the complications of lipoma?
-what is the condition called if the lipoma is painful?

2) Please examine this patient neck (diffuse goiter)
-what other examination would you like to do (thyroid status, neck lymph nodes)
-what is your dx?
-what are investigations would you like to do?
-if this pt had toxic multinodular goiter, how would you like to manage? -medications--> anti-thyroid, name the medications?

3) mass at LHC & Left lumbar, tender. What are the differential diagnosis?

4) Please examine this patient abdomen : finding assymetry abdomen with prominent right hypochondrium rise up and Confirm that the swelling arrive from liver.
Ddx : neoplasm, infection, inflammation

5) What is the complication of Splenectomy?
A)Haemorrhage due to slipped ligature
B)Left basal atelectasia
C)Pleural effusion
D)Fistula due to damage to greater curvature of stomach during ligation of short gastric vessels
E)Pancreatitis/abcess/ fistula due to damage to tail of pancreas
F)Post splenectomy septicaemia due to Strep pneumoniae, Neisseria, H. Influenza.
G)OPSI : Opportunistic post splenectomy Infection

6) How to determine that a bleeding spleen has stopped bleeding?
Using contrast CT to determine Arterial phase (no more extravasation of contrast)

7) What is Ballance Sign?
dullness to percussion in the left flank LUQ and shifting dullness to percussion in the right flank which is seen in cases of splenic rupture

8) What is sign of Dance?
Retraction of RIF in cases of intussusception

9) What are the indication, uses & complication of ERCP?
Indication : a) CBD dilated
B) increase alkaline phosphatase
Uses : a) To relief biliary obstruction d/t gallstone or tumour
B) Assess biliary dysmotility
C) pancreatic stone extractio
Complication : a) Duodenal Perforation
B) haemorrhage
C) pancreatitis
D) Sepsis

10) What is ileus?
Failure of peristalsis; failure of enteric Nerve plexus due to I.O causing dilatation of intestine

11) What are parts of Enteric Nerve plexus?
a)Auebach plexus
b)Meisner plexus

12. What are the common complications of Jaundice?
 a) Hepato renal syndrome - liver & renal failure - fatal
 b) Bleeding diathesis - bleeding in SCOPE & ERCP
 c) Delay wound healing
 d) Impairment of immune system
 e) Severe infection

13. What are the consequences of gall stones?
 A) Asymptomatic
 B) biliary colic
 C) Chronic cholecystitis
 D) acute cholecystitis
 E) acalcolous cholecystitis
 F) enlarged LN in Callab's triangle/ LN of Lans

14. Enumerate & explain briefly two signs you can elicit in gall stones
 a) Murphy sign - catch the breath
 b) Boas's sign - hyperaesthesia in the back (subscapular region)

15. What is cholelithiasis?
 Presence of stone in gall bladder

16. What are the signs & symptoms of Cholelithiasis?
 a) Bloating
 b) Fatty meal intolerance
 c) Flatulence

17. Explain how stone in gallbladder can cause gall bladder carcinoma
 a) long time chronic gall bladder stone (more than 30 years) -> continuous ulcer & repair -> fibrosis-> predispose to cancer.

18. Where is the common site for ileus to occur
 a) ileocaecal junction
 b) Merkel's diverticulum (2 ft proximal to ileocaecal junction)

19. Why do you do X-ray if you suspect gall stone?
 To rule out paralytic ileus

20. Explain components of LFT in details
 a) Total bilirubin
 B) Direct bilirubin
 C) ALT & AST
 D) Albumin
 E) Alkaline phosphatase
 [explain each and every one]

21. Describe pathophysiology of acute pancreatitis?
 - most common cause is gall stone
 - Not all patients with pancreatitis will have jaundice
 - due to autoactivation of pancreatic enzyme

22. Acute Appendicitis
 a) What is the complication of acute appendicitis?
 A) Formation of appendicular mass : Omentum wrapped over Appendix
 B) Appendicular abscess : Omentum inside appendicular mass with deterioration of general and local condition
 C) Perforated appendicitis with generalized peritonitis
 b) What are the signs you know in acute appendicitis?

i) Rovsing Sign : press on LIF, felt the pain in RIF
 ii) Psoas Sign
 iii) Obturator Sign
 c) How do you manage this patient?

Appendicectomy
 ci) Which type of Appendicectomy would you choose? why?

Laparoscopic Appendicectomy
 Because Less post operative pain, faster discharged from hospital, faster to return to activities of daily living, lower post operative wound infection, advantage for Obese patient and in early pregnancy.

d) what are the complications of acute appendicitis?
 e) Explain Alvarado Score.

Alvarado Score take into account 8 items : Migratory RIF pain, Anorexia, Nausea and vomiting, Tenderness in RIF, Rebound tenderness, Elevated temperature, Leucocytosis, Shift to Left of Leucocytis Count (MANTRELS). A score of 7 or more is strongly predictive of acute appendicitis

23. What is the 4 Cardinal sign of Intestinal Obstruction?
 AVCD : Absolute Constipation (no faeces + flatus), Vomiting, Colicky Abd. Pain, Distension

24. Briefly tell the meaning of the following radiologic sign :

A) Coffee bean appearance : Sigmoid volvulus
 B) Claw sign : ileocolic intussusception
 C) Apple core appearance : large bowel Cancer.
 D) Gas under the diaphragm : Perforated ulcer.

25. What are other causes of air under diaphragm under than perforated ulcer? (Ddx) :

a) Gastric perforation
 b) Intestinal perforation
 c) Stab wound at abd.

26. What is the most common cause of Gastric outlet obstruction?

a) Gastric Carcinoma

27. What are the radiological signs of I.O?

a) presence of more than 3 air fluid level
 b) Proximal to obstruction, the intestine is distended
 28. What are the principles of management for I.O?

A) Correct complication first :

I) Place Ryles tube (for drip & suck)
 II) manage fluid & electrolyte balance : infuse crystalloid (depends on patient's condition)

III) monitor urine output
 IV) pulse oximetry

B) Investigations :

I) FBC
 II) Urine diastase
 III) BUSE
 IV) Serum amylase

29. Give your differential for cause of I.O based on age?

A) Young male : is there abd. Scar? - adhesional obstruction or hernia due to previous surgery
 B) Young boy/girl : intussusception : sudden+severe vomit + sausage shaped mass toward umbilicus
 Congenital band (LADD's band)- rare
 C) Elderly : Malignancy

30. Where I.O usually occur in adult and why?
Recto-sigmoid junction ; narrowest part of colon

31) Stoma

a) How to differentiate ileostomy from colostomy?
Position, type of opening, content it produced (can somebody elaborate?) .
b) what is your diagnosis?
eg: Sigmoid Colostomy.

32. What is the clinical feature of renal stones?

A) Fixed renal pain in renal angle and hypochondrium
B) Ureteric colic passing from loin to groin
C) Radiating pain to groin, penis, scrotum or labium
D) Pulse rate rise but no pyrexia (if no infection)
E) Hematuria

33. How to prevent stone recurrence?

A) Drink plenty to keep urine dilute.
B) Moderate intake of milk products, strawberries, plums, spinach & asparagus
C) If idiopathic hypercalciuria : calcium restricted diet & bendroflumethiazide
D) Investigations to rule out metabolic factors : serum uric acid, serum calcium (3 fasting measurement to rule out hyperparathyroidism), 24 hour collection of urinary urate, calcium and phosphate.

34. Why IV Urogram is less used nowadays?

Risk of allergy

35. How can you differentiate the locate the site of Intestinal obstruction from vomiting?

Vomiting occur early in Small bowel I.O and late in Large bowel I.O

36. Breast Ca.

a) What is the advantage of mammogram.
i) better for older people less fibrous tissue
ii) able to distinguish benign from cancerous tumour
b) What is the disadvantage of mammogram.
risk of radiation still exist
c) What is the advantage of ultrasound
good to scan even in dense breast
d) what is the disadvantages of ultrasound
depends on the skill of the operator
e) why excisional biopsy is superior than FNAC?
i) can determine tumour histology
ii) can determine tumour grade
iii) determine invasiveness (distinguish invasive from in-situ)
iv) determine progesterone / oestrogen sensitivity status

37. What are the type of mastectomy you know?

a) radical mastectomy
b) Total mastectomy with axillary clearance

38. What are the causes of lymphoedema?

A) Blockage to LN
B) Radiotherapy
C) Surgical effect (removal of large area of LN)

39. What do you understand from tethering?

- it is a dimpling proven by palpation
- it is a sign of T4 tumour

40. What is the treatment for phylloides tumour?

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Simple mastectomy

41. Why would you choose treatment (3)?

Phylloides tumour has a tendency to recur

42. Enumerate the types of breast conserving surgery

a) Lumpectomy
b) Quadrantectomy
c) Wide local excision

43. What are contraindications of Breast conserving surgery?

A) Tumour is below nipple
B) Size of tumour is relatively large to size of breast (not much cosmetic purpose in conserving)
C) Multifocal lesion
D) Sign of locally advanced lesion
E) Patient's wish

44. What do you understand about Mallory Weiss tear?

- rise in intragastric pressure causing linear tear at gastrooesophageic junction causing bleeding

45. Enumerate the types of gastritis you know?

A) Type A: autoimmune
B) Type B: caused by H. Pylori
C) Stress induced gastritis
D) Drug induced gastritis

46. Where does duodenal ulcer commonly occur?

1st inch of 1st part

47. What do you understand about FORREST classification?

- it is a method used to evaluate a peptic ulcer during OGDS
- three classification : a) Type 1 : active bleeding
B) Type 2: Oozing blood (not active)
C) Type 3 : non bleeding ulcer

48. What is the principle of management for oesophageal varices?

A) bed rest
B) Saline infusion
C) Monitor Hb & urine output
D) Endoscopy to identify & manage varices column

49. What method could you do to control the bleeding of oesophageal varices through endoscopy?

a) Sclerosing agent : 100% alcohol or STDS
b) Rubber banding
c) Glu (expensive)

50. What non endoscopic method could you do to control the bleeding of oesophageal varices?

A) Propranolol
B) Somatostatin
C) Pressure packing

51. Carbuncle

a) Define Carbuncle.

Spreading necrotizing infection in subcutaneous tissue, with pus and slough, similar to boil but with many points of discharge through holes in the skin.

52. What is a fistula?

Abnormal connection between two epithelial surfaces

52. Ulcer

a) Describe the ulcer.

(see short scheme)

b) Please describe the anatomy of short & long saphenous system.

I) Long Saphenous V. :

start at the medial end of Dorsal venous arch.

Run at medial side of leg & pass anterior to medial malleolus

Run anterior to ant. Surface of thigh to enter saphenous opening.

End as femoral v. 4 cm below & lateral to Pubic tubercle.

Guarded by valve

II) Short Saphenous V. :

Start at lateral end of Dorsal venous arch.

Course at lateral aspect of foot (inf. & posterior to lateral malleolus) and posterior aspect of leg.

Pass between the head of gastronemius muscle.

Drain into popliteal vein.

c) What is the pathophysiology of Venous ulcer?

Venous valve malfunction causing increase in pressure in veins. blood is not pumped as effectively into or out of the area. Venous hypertension occur, and stretch veins and allow blood proteins to leak into the extravascular space, isolating extracellular matrix (ECM) molecules and growth factors, preventing them from helping to heal the wound. Venous insufficiency cause white blood cells to accumulate in small blood vessels, releasing inflammatory factors and reactive oxygen species contributing to chronic wound formation

d) What is the terminology to describe the discolouration in long standing varicose vein patient?

telengactasia

53.What is triad of death?

relation between hypothermia, coagulopathy & acidosis in a massively bleeding patient which may lead to their death

54. list all the normal output of human you know with its value?

urine : 1.5L

Lung : 0.5L

Perspiration : 0.4L

Faeces : 0.1L

Total : +/- 2.5L

55.What is the normal CVP value?

Normal CVP for healthy patient is 5-10cmH₂O

However, there is no "normal" CVP for shocked patient.

A normal CVP response is a rise of 2- 5cmH₂O after fluid bolus of 250ml-500ml infused rapidly over 5-10 minutes.

56.What are the ECG changes you would expect to see if Potassium is a) too high b) too low?

A)Hyperkalemia : Peaked T waves, P widen and flatten, prolong QRS

B)Hypokalemia : flat T wave, increase amplitude and wave of P wave, prominent U wave

57.What is oliguria?

Urine output <400ml

58.What is anuria?

Urine output <50ml

59.Explain what do you understand from the word : 5% Dextrose water?

50mg of dextrose diluted in 1000mg of water.

60.common cause of immediate death in trauma?

a)Hge

b)CNS - Brain Injury

c)Intraabdominal Injury

61. Thyroglossal Tract & Cyst :

a) what is the embryology of Thyroglossal tract & Cyst?

62. Why would you do ultrasound when investigating a thyroid swelling?

A) To differentiate cystic swelling from solid swelling

B) TRO retrosternal extension

C) TRO missed nodules

63.What is the indication to remove thyroid in Simple goitre?

A)when it compresses other structure;

oesophagus/trachea

B)Patient wish; cosmetics

64.Why should you monitor calcium level after thyroidectomy?

Patient who remove the thyroid gland is at risk to suffer from hungry bone syndrome

65. Kidney stone

a. How do you differentiate kidney stone and ureteric stone besides the characteristic of localized/radiate pain?

b. what are risk factor & type stone this patient has?

c. What is struvite stone? Why is staghorn stone resemble the shape of horn of stag? why is struvite stone a fast growing stone??

d.Complication of stone (apart from hydronephrosis, pyelonephritis, pyonephritis, failure, what else??)

e. What are the side effects to the kidney after taking long term of NSAIDS?

f. the examiner said, kidney is a very vascular structure that it damaged and bleed easily, so how are you going to approach/which site you wanna cut in order to decrease the risk of bleeding?

g. what is hydronephrosis and causes of hydronephrosis?

h. what are the criterias/features that make you wanna do the surgery immediately?

i.in what condition are you going to do nephrectomy?

66. Acute appendicitis with perforation with mr.nik and mr.sim. ask to explain rebound tenderness, rovsing sign, psoas sign, PR what expected finding: can feel boggy if there was abscess formation, can even

drain from per-rectally (old time), Lans incision, if u found clinically a big right iliac fossa mass query fo appendicitis what to do: do laprascope to diagnose. intra-opt if see a big mass what to do: i say biopsy but no, then duno wat answer. differential for appendicitis, patient on NG tube and the drainage is greenish colour, Why?: there is bilious ileus. why patient post opt day day 3 still in the ward: paralytic ileus due to peritonitis due to perforation. How to monitor patient NBM: hydration status, urine output. if the drainage 1L per day from NG tube is it normal. yes normal . then mr.nik ask what is normal saliva secretion and gastric secretion. Mr.sim ask bout Avalrado score.

67. 80y/o man presented with RIF pain for 2/7 and generalised abd pain a/w abd distension on DOA. Has LOA and on and off fever. No vomiting. No anaemia symptoms. Ddx: caecum ca, ileocaecal TB and perforated appendicitis. Questions asked: Ix for caecum ca., bowel preparation for colonoscopy, how to do colonoscopy, the medication given for colonoscopy, advantage and complication of colonoscopy, therapeutic usage of colonoscopy and diagnostic usage of colonoscopy, staging ix, what structures removed in right hemicolectomy including the arteries, what are structures not to be injured in right hemicolectomy, what are the ways to do right hemicolectomy, how to do laparoscopic right hemicolectomy, state the duke's staging, what is the name of the anastomosis in right hemicolectomy, what can be done to prevent anastomosis leak, how will patient present if anastomosis leak, what investigation for anastomosis leak, definition of stoma, types of stoma, how to differentiate ileostomy and colostomy, complications of stoma, what is mx of ileocaecal TB, what are the antiTB drugs and side effects, how long to give.

68. biliary sepsis but pt admitted due to follow up for ercp (no active complain). my pt is 53y/o, actually a known cse of gallstone since 2 yrs ago. had done ercp and stent had been put to relieve the obstruction and was asked to come back for operation. but pt defaulted. until oct, last yr she experience sudden epigastric pain and vomiting. admitted to the icu and intubated for 1 week. ercp done and stent had been put again. discharge after 1 month at fsw with antibiotic and follow up at plyclinic.

currently admitted for ercp and found out multiple stone inside the GB and 1 stone at biliary tree..remove with forceps.

why pt was admited to icu and intubated?(biliary sepsis) -septicemic shock

b. what the causes?

c. how stone can cause infection?

d. what is the risk factor for stone?

e. what type of stone?

f. in what type of pt with stone may get infection

g. example of immunocompromise pt?

h. if u r a HO in A&E, a pt coming with rhc pain and fever, what will u do?

i. when to do cholecystectomy?

j. in what cond. we do elective chole and emergency chole?

k. what antibiotic u want to give?

l. what is the time frame btw conservative mx and surgery?

69. acute severe gallstone pancreatitis. 1 day history of severe epigastric pain radiating to back, with history of gallstone. How to diagnose acute pancreatitis?(2out of 3, typical pain, must do serum amylase to see if it is raised) How high is the amylase to be pancreatitis? (If >1000 is highly suggestive, but if less than that there are other causes of hyperamylasemia, like perforated peptic ulcer, IO, and even cholecystitis, so if less, I would like to confirm with radiological investigation, usg.) Yes, pt said gallstone.. She keep on telling me she is stone in gallbladder, but how can acute cholecystitis get admitted to ICU for 7 days, then stay in ward for 1 month with no cholecystectomy? So I don't care, just say it's acute gallstone pancreatitis. What are the investigations u would like to do?(usg, FBC, LFT) differentials: uncommon epigastric causes like liver, cholecystitis, cholangitis, but told doctor patient no s&s like stigmata of chronic liver disease, jaundice, fever.. No GI symptoms.) then he asked, what other common cause of epigastric pain(peptic ulcer disease. so I would like to do ogds if it's suspected, but again no history). Then I said investigated according to ranson score, he asked what is ranson score? (age, AST, LDH, sugar, metabolic acidosis, calcium, fluid sequestration, Hct.) how will the calcium be?(low) why? (Saponification of retro peritoneal fat, and calcium is used in the saponification

process) what are the signs of hypocalcemia? (signs of tetany, chvostek? And troussier's? Sign) what are those sign? (chouvstek) what are the other common causes of hypocalcemia?common in the ward... Post operation? Is thyroid surgery common here? (Parathyroid gland!!) yes, so how do u treat? (Likely irreversible, so lifelong calcium supplement) in this patient acutely if hypocalcemia? (Calcium gluconate 10% in 10ml over 10m) yes, can give IV. Then he asked what common causes of pancreatitis(alcoholic, gallstone and idiopathic) What are the local complications of pancreatitis? (Pseudo cyst) early complications? (Necrosis, infected, haemorrhagic) systemic complicates?(multi organ failure) why do u think the patient sent to ICU?(shock) yes, pancreatic shock. What is the definitive treatment(cholecystectomy, cz may recur.) when to do?(when the patient stable, but not too long, at least 2weeks to wait for the inflammation oedema to resolve.) My question almost like that.. Just add in lap chole or open chole better? Which is gold standard? What gas used when inflating he abdomen? What are laparoscopic complication? Vessel injury and duct injury. Vessel ligation, how? Clips, burn, suture? Which is easier?(clip?). If duct injury how would u manage? (Convert to open) yes, why?coz hard to suture laparoscopically.

70. RCC with lung mets. Hx: 73 yo, with K/C/O HPT for 4 yrs, presented 5 months ago with a sudden onset of painless total hematuria. Pt only experienced pain only when there is passing of blood clot in urine. The pain was described as suprapubic sharp pain. There were no obstructive & irritative symptoms. No past history of UTI before. 1 week later, she started to develop a sudden onset of non-productive cough. There was no chest pain, no history of TB contact, no hemoptysis. Then she started to have LOA & LOW of 30 kg within 5 months. So she went to private clinic and CXR & CT scan was done because the doctor suspect that she had cancer. For the symptoms of anemia, she only have lethargy, but no palpitation. Otherwise, there was no bone pain, no jaundice history. PMHx: She had HPT for 4 yrs, on 2 medication. No past surgery done. Allergic to seafood but not to drug. No family history of malignancy. Non-drinker & non smoker. She like to take "Sirih+Kapur". No other risk factor. PE finding only positive shifting dullness.

Others are normal.

- What are the differential diagnosis of total painless hematuria ?
- What are the other classification of hematuria & its significant ? (Initial & Terminal)
- How do you investigate ? (Confirm diagnosis- USG, CT TAP, CXR staging, for metastasis and patient management- FBC, LFT, RFT, BUSE Cr, PT/PTT)
- What are the imaging modality to check for renal function ? Dr Kyi said is IVU.
- What are the TNM staging ?
- What are the common types of malignancy of kidney ?
- What are the treatment of choice ?

71. Pt 55 y/o lady presented with IO with 3 month history of abd. pain, diarrhea, LOA & LOW. RIF mass on PE. with Mr. Nik and Mr. Sim. Ddx? Caecum Ca, TB, Carcinoid Tumour, Diverticulitis.

What are your differential diagnosis?

How would you manage this patient?

How would you detect if there is bleeding from caecum?

What is the specific investigation to do for Carcinoid Tumour?

What is the lymphatic drainage of the caecum?

What are the signs of incurability?

How to do bowel prep?

What can you do during colonoscopy for this case?

What is the op if this is a ca caecum?

What is the op if this is a ca of hepatic flexure?

What is removed during right hemicolectomy?

What are the blood vessels removed?

What is the difference btwn right hemicolectomy and extended right hemicolectomy?

Which would you prefer in this case? Primary anastomosis or stoma?

What is the difference btwn Hartmann's solution and normal saline?

What is the size of the patient's IV cannula?

How would you assess the patient's hydration status?

Which is best site on the arm to assess hydration status?

72. Mine acute calculus cholecystitis. Quest: what ither type of cholecystitis u know? Demonstrate murphy sign (mr wong only accepted the palpation like liver frm rif, up..not like how dr kyι taught)..uhm...ix...complication? Mucocoele palpable o not? Painless? What is empyema

gb? Tx?or muvovoele?tx empyema? Tx stones?in what case u dun do op fr empyema? (he specifically wanted unfit,toxic or septic, with many comorbidities, advanced age) empyema is surgical emergency, need to do cholecystectomy...outline management.

73. 12yo girl, acute appendicitis. [Mr. Siow & Dr. Myo]
What do you understand by afebrile, what's the cut-off point? 37.5C

What's the incisional wound you see on the RIF? Lanz
Differential for acute appendicitis.

What is appendix, describe the structure.

What is the aetiology of appendicitis? Faecoliths (most common)

What are the complications of appendicitis?
Appendicular perforation leading to faecal peritonitis, appendicular mass, intra-abdominal abscess

Why is there reduced/absent bowel sounds if there is a peritonitis?

Since this patient has no signs of perforation, why do you think she is referred here since there are also MO's in Lundu also? Inexperienced MO thus refer (lol, I didn't expect this... , let's say you're 1st day new MO there, you still proceed to do it if you don't have experience??)

How to manage appendicular perforation, appendicular mass?

As a HO, how do you approach a patient with perforation?
Resuscitation, blood, v/s, urine output monitoring, emergency laparotomy

74. dr kyi kyi win and mr sohail
35 years old female pt presented with left lumbar pain, fever and hematuria, elective admission for ESWL for renal stone

1. what is ur diagnosis
2. investigation
3. interpret kub xray, what is the course of ureter?
4. what is the different btw plain xray and kub xray? need to do bowel prep by laxative
5. what treatment u want to gv?
6. what analgesic u want to gv? dose?
7. if the stone is in the ureter what can u do?
8. what are the complications of ureteric stones?
9. what will u do if hydroureter?
10. what will u do if hydronephrosis? nephrostomy

75. 63 y/o, lady, complained of painless hematuria on last year, and increase freq few weeks before hematuria. (Bladder ca)
Dr thaung:
Ask about: diff dx, how u want to diff pain bet bladder stone and ureteric stone
How do u know that it is kidney on examination.
Ix to confirm dx, ix for staging,

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Type of bladder ca, where the tumor situated, what are the lymph node involved
How to manage, other than TURBT, what other modalities can be used, name the drug for chemotherapy, how to do radiotherapy in this case, is it same like other tumor

Mr sim's question

How to assess anemic symptom & hydration symptom clinically

Ask about IV cannula n what is normal saline

76. 50 yo p/w sudden RUQ pain on the day of admission. No other hx. o/e hepatomegaly 16 cm.

demo hv to elicit hepatomegaly, ascites

Pdx, Ddx, ix

triphasic ct. what do u understand. feature of hcc.

level of afp suggestive hcc

can we do biopsy hcc. why.if not how to dx hcc

if tumor at segment 5 w underlying cirrhosis,what tx.

other tx. what is tace. how to do. what drug usually use in sgh.

sign of chr. liver ds n portal hpt

other type of primary liver ca

Mitomycin

77. 70 years old, bidayah lady, k/c of HPT & AF on warfarin, e/a for right hemithyroidectomy. Initially presented with painless neck swelling which progressively enlarged slowly over the past 9 months. Otherwise, no constitutional symptoms, clinically euthyroid, no mets symptoms, no fH of malignancy. PE- right thyroid nodule (firm, 5x4cm), no signs of mets, AF.

- a) differential dx- thyroid Ca (only age is suggestive in this pt- need to rule out malignancy until proven otherwise)
- b) investigations- FBC, PT/PTT (pt on warfarin); ECG (AF); TFT; USS of neck; FNAC
- c) pt is euthyroid, came in with right follicular adenoma- how would you manage? need histology to differentiate from follicular carcinoma (see if got capsule invasion). proceed to do right hemithyroidectomy and send tissue for HPE.

d) Is there any chemotherapy for thyroid Ca?

e) How would you counsel this patient to undergo right hemithyroidectomy? (they wanna stress that might need to undergo completion of thyroidectomy in the future if the HPE results come back as Ca, besides the surgical & anaes complications)

f) what are the added advantages of total thyroidectomy?

g) How would you follow up with this pt?

h) why give levothyroxin?

i) why need to do RAI after total thyroidectomy?

j) incidence of thyroid Ca in population (1% worldwide)

78. Examiners: Dr Nyi Nyi Naing & Dr Siow
CC: Painless gross haematuris for 1 day on August, no other symptoms!!!! Undergone TURBT + Intravesical chemo.Currently recurrent of Ca with no symptoms, found frm cystourethroscopy.... Patient is a 63 yo retired nurse.

Dr Siow asked to do PE infront of him.

A. Haematuria classifications

- Initial, throughout, terminal

- Painful, painless

- Macro, micro

- b. What's the dx: Bladder Ca
- c. Type of bladder Ca: TCC, SCC, AdenoCa
- d. Risk factors of bladder Ca
- e. Staging of bladder Ca
- f. Complications of bladder Ca
- g. Spread of bladder Ca
- h. Management of bladder Ca
- TURBP.

So after TURBP, how you make sure complete removal of the tumour?

By bimanual to loo for residual tumour

- intravesical chemo, radio & immunotherapy...name of drugs.

79. My long case: query HCC or uncinata ca of pancreas
Summary: 38yo Chinese lady, underlying hepatitis

B, presented w epigastric pain radiating to the back for 2 months and constitutional sx, PE revealed an epigastric mass with no lymphadenopathy n no signs of CLD

a. DDX of epigastric mass: stomach, pancreas, liver n their features

b. If pancreatitis, how to DX, ix

c. provisional DX: HCC, y?

d. if this is pancreatic ca, which parts r possible: body n tail e. how to ix this patient?

f. what level of alpha-fetoprotein is suggestive of HCC: >400

g. what imaging for HCC: 3phase ct, what do u understand ABT 3phase ct n enhancement

h. features of HCC on 3phase ct

i. is biopsy of HCC recommended n y?

j. which segment of liver involvement will cause obstructive jaundice? segment 1 n 4

k. what determine operability? Interpret the liver function test

l. what's TACE n its usage?

m. if ca hop, what presentation?

n. if T2N2M0, what is the management: surgery

o. what surgery? Whipple or PPPD

p. what do u understand ABT Whipple n draw the anastomosis

q. if inoperable, what to do? ERCP n stenting

r. what types of stent do u know n difference? plastic n metallic

s. if stent fail? ptbd

t. diff BTW ERCP n ogds, how to do ogds

u. ERCP DX, tx, usage, CX

v. causes of obstructive jaundice

80. colorectal carcinoma, with scrotal swelling. i tot is metastasis to scrotum, but actually is founrier gangrene. question on founrier gangrene, what is the cause? (infection); what is the organism involve? (multi bacteria); what is the antibiotic of choice? (3rd generation cephalosporin & metronidazole).. what is ix & tx for colorectal? if tumour unresectable, what to do? (neoadjuvant chemo&radio) how to monitor recurrence? how to screen community for colorectal ca?? age to do colonoscopy?

81. 33, lady, from kapit, recurrent pain at epigastric radiate to right hypochondrium area for 1/2 year. Refused surgical intervention previously because socioeconomic status, and scare of surgery. Murphy sign positive. No fever, pain not relieved by leaning forward and no associated with food or hunger. Patient

take pain killer for 1/2 year since refuse surgery. Now refer for ERCP (but no jaundice in my pt) after have some money from fren, know have kebabikan and scare of cholecystitis complication.

Question-

- a. Doctor find very strange hx cox pain epi to RHC.
- b. I say pain killer is NSAID but doctor say cannot give in chole, pancre, PUD...what other ddx --> ureteric colic.
- c. How you want manage in A&E?, ix done??
- d. How confirm diagnosis in A&E ix?? urine diastase, Urine dipstick, ultrasound for CBD dilatation
- e. Indication for cholecystectomy
- f. If CBD cut accidentally is negligent or acceptable??
- g. What to do if CBD cut??
- h. wat to do next after ERCP
- i. what analgesic should you give in this pt??
- j. complication of stone in CBD
- k. Acute cholangitis antibiotic?, presentation?
- l. Augmentin for which group of bacteria??
- m. Other antibiotic if sepsis

82 A 62 year-old chinese lady was initially presented 12 years ago (year 2003) with symptoms of I/O and a diagnosis of rectosigmoid carcinoma was established. The necessary interventions were done and she was discharged uneventfully with regular SOPD follow-ups attended. However, she had approximately another 4-5x of re-admissions due to I/O symptoms over the years, from 2004 till 2013. Otherwise, she has no active complaints currently and was electively admitted for an ERCP following incidental discovery of gallstones on her CT abdomen during follow-up.

Mostly open-ended questions which requires decision-making:

- a) Emergency management at ETD?
- b) Worsening symptoms after your initial management – ddx and next step?
- c) You're a junior specialist. What if your patient came in at night and your specialist is not available till the next morning? Patient's condition is deteriorating with the I/O.
- d) What's your next step when you see your specialist the next morning?
- e) Before Hartmann procedure, what needs to be done?
- f) How do you perform a bowel preparation prior to colorectal surgery?
- g) If there's improvement of your conservative management – next step?
- h) Why is your patient re-admitted several times after that?
- i) What would be the next step following creation of the stoma?
- j) How would you follow-up this patient and what do you assess?
- k) Assuming your patient has a liver nodule on USG abdomen, what are your ddx?
- l) How do you come to a definitive dx?
- m) What is the best modality to confirm the presence of a hemangioma?
- n) Liver biopsy has been taken. What is the most immediate complication? How do you avoid it?
- o) Liver biopsy results return as secondary metastasis from the colon. What would you do next?
- p) Apart from biopsy, what would be the best modality to confirm a liver tumour?
- q) What would you advice this patient at this point in time? What is her prognosis?

83. 44y/o gntlmn, known case gall stone disease 4 year ago, c/c of fever and epigastric pain for 7 days duration. He chronic drinker and heavy smoker 40 packs year

- Wht is ur dx- acute pancreatitis
- Causes-stone , alcohol etc
- how to confirm ur dx- serum amylase > 1000 , other serum lipase and urine ditase
- dr ask to perform shifting dullness
- Other ix, ultrasound and ercp, wht to look in ultrasound - stone, dilate cbd
- Finding ercp, cx ercp, how to remove stone- baloon , basket by throwing
- Specific name for head of pancreas cancer and histopatology - glandular, adenocarcinoma
- Surgery for head of pancreas ca- whipple
- Draw whipple and explain- how many anastomosis(3) and what name of anastomosis(GJ, HJ, PJ), what to remove, complication (bile reflux)
- How to prevnt bile reflux-pppd, preserve pylorus
- Wht other cause ascites and constitutional symptom-liver ca
- What liver cancer - hcc
- how to perform ercp, what position(prone), why they perform in special room(radiation, fluoroscopy), what the name of shield that they wear , why they wear it, why cover neck- radiation cn cause thyroid ca esp papillary

84. 53y/o man came in symptoms of ugih, right hypochondrium pain, jaundice ,constitutional sx n history of traditional medicine intake(cap tiga kaki). pe show palmar erythema, jaundice sclera, spider naevi n hepatomegaly.

what ddx for ugih?
provisional dx?
what sign of chronic liver disease?sign of portal hpt?
palmar erythema how u check for it?if got indicate what?
why spider naevi called spider naevi?how to know it spider naevi no other naevi?
how u know abdomen is distended?
how u know mass is liver?difference btw renal mass?(mr.siow want cannot get above it n liver span, no others)
do shifting dullness...indicate what?what is the fluid retained?
what tumour marker for hcc?how high would it be?(1000x increase)
what classification used for liver disease?component?what u expect in this patient?
why grade c cannot go surgery?
so what other treatment available for the patient?
tace-if block blood supply to liver will liver die?blood supply of liver?
most common cause of portal hpt?
can liver cirrhosis be palpable?
so this patient liver palpable what u expect?
if patient with liver cirrhosis has ugih,which more common?peptic ulcer or eophageal varices?(mr.siow say peptic ulcer still more common)

85. 65 years old Malay gentlemen was admitted with the c/o: abdominal discomfort for 2 days duration. No PR bleed, no vomiting, no fever. He had done colon surgery on 2007 and on May 2013 stoma was created. No other underlying history. O/E: v/s normal, look cachexic, abd. distended at the central, midline scar & stoma on

RIF.Discussion: -what is your dx for current admission of this pt? -describe about the stoma & what type of stoma do you think?-what do you think the abd. distension caused by? peristalsis? dilated bowel?-what are the investigations would you like to do? imaging, blood?-show of x-ray film-->describe what are the obvious findings in this X-Ray? Dilated bowel-jejenum-if pt have intestinal obstruction, would you like to do colonoscopy? why?
-explain about bowel preparation for colonoscopy?
-what other investigation would you like to do in this pt to look for metastases? what are the expected findings?
-describe about the staging in this pt? TNM? for N staging, what lymph node involve? along the inferior mesenteric vein-if there is a tumour at sigmoid colon & multiple lesions in the liver, what is this condition called?

86. Pancreatis pseudocyst...HX- patient presented with epigastric pain, epigastric mass which gradually increased in size, shortness of breath, fever, yellowish n bitter vomitus, and shortness of breath. history of recurrent attack of pancreatitis. last attack was october 2012. chest tube drainage was done in hosp kuching.PE- hv pleural effusion, epigastric mass and tender. Ix-Dr just ask what imaging, n showed me ct andd chest xray, interpret. Mx-cystogastrostomy. what type of pleural effusion(exudate transudate, how to differentiate), causes of pancreatitis, why pleural effusion happened here.

87. 65 years old gentlemen admitted 4 days prior to admission with chief complain of gross haematuria for 5 months duration.
First my diffrential is :- renal dell carcinoma-Renal stone-renal tuberculosis-bladder cacinoma
He had first admission at sgh with complaining of on and off gross haematuria for 1 week and unable to pass urine for to pass urine one day prior to admission. Previous 1 month prior to this admission. he had an obstructive symptom like hesitancy, incomplete pass urine, poor stream with no terminal dribbling. He complain of irritative symptom such as frequency which he needs to pass urine 3-4times in hour there was also urgency & nocturia.
Other then that he did not have history of passing out of sandy urine or stone. There was no history of taken ca supplement. However he did complain of constipation and joint pain. Other then that all the diffrential of renal stone and renal tb has been exclude. There was also no loss of appetitete and loss of weight noted
P/E: nothing much except dry skin all of body.No mass/no pain durg examination.Abdomen look distended with flank full no pitting edema.No shift dullness no fluid thrill. Accidental finding umbilical hernia

88.What is the aetiology of renal stones?
A) Diet : vit. A deficiency > desquamation of epithelium
B) Altered urinary solutes & colloids : dehydration, reduction of urinary colloids, presence of mucoprotein
C) Decreased urinary citrate
D) Renal infection : urea splitting streptococcus, Staphylococcus, Proteus Spp.
E) Inadequate urinary drainage & urinary stasis
F) Porolonged immobilisation : skeletal decalcification & increase urinary calcium

G) Hyperparathyroidism : hypercalcemia> hypercalciuria

F) MEDICINE CLINICAL CASES

LONG CASE

ESRF, DM,
Asthma
GBS
Anemia
PUO
Dengue
Pneumonia
Sepsis
Secondary HPT
DVT
SBE
Multiple Myeloma
Multiple sclerosis
Stroke
Left pleural effusion
27 y/o, painless abd distention for 1 week
Previous CABG, DM with Ischaemic heart disease
MR with prosthesis
Hypertension with anemia
Alcoholic, smoker-focal seizure TRO electrolyte imbalance
Right sided weakness with slurred speech (78 y/o)
Recurrent hypoglycemia, hyponatremia, hypokalemia
DM with brincheictasis, cor pulmonale
Epilepsy
Transverse myelitis/ cauda equine
ITP
Hereditary spherocytosis
Anaemia for ix
AEBA, AECOPD
Diabetes & its complications
Chronic liver failure
Hepatitis
Lung mass
DKA
stroke
Lung Ca with Pancoast
Lymphoma- Hepatosplenomegaly
Fibrosing Alveolitis
Thalassaemia
Patent Ductus Arteriosus
AML
Infective endocarditis
Chronic Rheumatic Fever
SLE
Congestive cardiac failure
Pleural effusion
Chronic liver failure
Lymphoma
Parkinson disease
Stroke (cerebellum lesion)
Lupus nephritis

SHORT CASES

Endocrine: acromegaly, thyrotoxicosis
Abdomen: Polycystic kidney with AVF, hepatosplenomegaly
Rheumato: Gout, RA
Neuro: Paraparesis, MS, GBS, Stroke
PCKD
VSD, AR, MS

Acromegaly
CN 7 palsy, homonymous hemianopia
COPD
Rheumatoid arthritis
Thyroid eye sign, status
rheumatoid arthritis
proximal myopathy
Bell's palsy
polycystic kidney ds
Congestive cardiac failure
Cavernous sinus lesion (unilateral completely ptosis, fixed & dilated pupil, ophthalmoplegia)
Lung collapse due to lung carcinoma
Haemolytic anaemia (jaundice, splenomegaly)
Parkinson disease
Prosthetic heart valve
Lupus nephritis
Bronchial asthma
Bronchiectasis
Stroke
Truncal ataxia

Common questions asked

1. Parkinson

PD features=TBR (tremor, bradykinesia, rigidity,instability)

A) Parkinson plus=PSP,MSA(multiple system atrophy)

B) Stages

- i. 1=unilatera
- ii. 2=bilateral
- iii. 3=
- iv. 4=bed bound

C) Face

- b) Lack of expression
- c) Pacity of movement
- d) Lack of arm swing
- e) Stooping
- f) Turning en block-return to bed

D) Testing tremor with arm relax

E) When put uo habd to check any cog wheel rigidity

F) Finger nose test

G) Tip the thumb

H) Felt the wrist tone while distract patient by asking patient clap her other hand ob her leg or move her other hand or ask question to her

I) Bradykinesia

J) Ask him to draw circle

K) Face

- g) Blinking
- h) Drooping of saliva
- i) Glabellar tap
- j) Look for KF ring

L) Look for vertical gaze palsy (progressive supranuclear palsy)

2. Acromegaly

A) Ask patient to sit

B) Hands

- a) Big spade finger, coarse, doughy, sweaty warm,,tinel sign, proximal myopathy, acanthosis nigrican, skin tag

C) Face

- b) Frontal bossing
- c) Large supraorbital ridge
- d) Large tongue
- e) Presence of imprint of teeth or ridging

- f) Splayed teeth
- g) Prognatism
- h) Acne
- i) Hirsutism
- j) Deep husky voice
- k) Bitemporal hemianopia
- l) Eye movement

- D) Goiter
- E) Gynecomastia
- F) Organomegaly
- G) Lower limb
 - m) Any OA, psudogout, heel pad thickening
- H) Ask for old photos
- I) Want to do fundoscopy to look for optic atrophy
- J) BP-to check HPT
- K) Urine-to check glycosuria
- L) Why?excess GH act after puberty
- M) Indicator of act?SIGH
- N) Investigation
 - a) Insulin growth factor
 - b) CT brain
 - c) GH suppression test

3. Hyperthyroid

- A) Anxious
- B) Stared eye
- C) Fine tremor
- D) Finger clubbing
- E) Lifted nail bed
- F) Palmar erythema
- G) Warm and sweaty hand
- H) AF
- I) Wrist reflex
- J) Proximal myopathy
- K) Exophthalmos (from side, not from behind)
- L) Lid retraction
- M) Lig lag-arm length distance, curved, slow (actually some speed, but curve, not straight)
- N) Chemosis
- O) Neck
 - a) Look for goiter
 - b) Ask patient to swallow water (hold in mouth first)
 - c) Palpation
 - d) Bruit
 - e) Trachea
- P) Pretibial myxedema
- Q) Thyroid bruit

NOTE:Exophthalmos is not indicative of active thyroid Graves:autoimmune Antibody to TSH complex

4. RA+lung exam (pulmonary fibrosis)+abdominal examination
Gout=+tophi

5. Psoriatic:pitting edema,scaly lesion, extensor surface and back for psoriatic plaque

6. COPD:bronchodilator first then corticosteroid

7. Asthma:corticosteroid (control)+bronchodilator (reliever)

8. Hands=swelling, herbeden's node, bouchard node,

- swan neck
- A) Pick coin (palpate each finger, wrist, grap)
- B) Turn key
- C) Range of movement
- D) Gripping
- E) Opposition

G) O&G Clinical Cases

LONG CASE

Placenta previa major
GDM with previous scar and bronchial asthma
Post date*
Breech presentation
Post natal
APH
Transverse lie
Ovarian Tumour
Normal pregnancy and Small for gestation age (SGA)
Normal pregnancy and Large for gestation age (LGA)
Intrauterine growth restriction (IUGR) and SGA
Post date
PPROM
Twin
Unstable lie
Molar pregnancy
UV prolapse

SHORTCASE

Dermoid cyst*
IUGR+SGA
PPROM
Menorrhagia secondary to uterine fibroid
HTN in pregnancy
Diabetes in Pregnancy
Placenta praevia
Anaemia in pregnancy
Post natal- puerperal pyrexia
Chronic HPT complicated with DM
Indeterminate antepartum hemorrhage
Breech presentation with previous scar
Persistent trophoblastic disease
Hyperemesis gravidarum
Fibroid
Gestational Diabetes Mellitus
Placenta Praevia
Puerperium (Normal) and discuss about sepsis
Preterm labour
Cervical intraepithelial neoplasia III
Normal patient and discuss APH
Adenomyosis/fibroid

QUESTIONS COLLECTION

1) 37yo, parity 1+0, LCB was 16 years ago, LNMP was 6 days before day of clerking, known case of hypertension since 2 years ago & on anti-HPT med., complaints of menorrhagia+dysmenorrhoea+abdominal distension (feeling of something inside abdomen), anaemic sx for 7 months duration. Previous history of myomectomy for uterine fibroids 4 years ago. On examination, mass at suprapubic area (characteristics of uterine mass)..
DDx: Uterine fibroids, endometriosis (can be double pathology)
Discuss: Subfertility also (what are other history would u like to ask to patient regarding her subfertility), how to

diff. btwn uterine mass & ovarian mass, investigations, mx (medical, surgical)Prov.

Dx: Endometriosis - menorrhagia+dysmenorrhea (cyclical pain)

2) 33 years old, G4P1+2 elective admitted for cervical cerclage at 13+2 POG. Previous 2 miscarriage at 20 & 21 weeks POG in year 2012 & 2013 respectively. History of precipitate labour in 2006. Investigation like VDRL & Antiphospholipid syndrome test revealed normal.

DISCUSSION: How to make diagnosis of cervical incompetence, management

3) primigravida at 38weeks POA, with pregnancy induced hypertension on medication & gestational diabetes mellitus on diet therapy, for IOL

discussion: diagnosis, what investigation, how to manage patient, what to do before IOL, what are the contraindications of IOL, what are methods in IOL, what is the management after IOL, what is the management when the os is at 3cm, good contraction.

4) 26 years old, primi, presented to SGH due to breech presentation. Antenatally, she had GDM but defaulted 2 weekly blood glucose monitoring.

Discussion: Mx of GDM, ECV contraindication, counsel on ECV, and ix need to be done on GDM/ECV precisely

5) 47yr old,previous hx of cervical ca.. sx:foul smelling discharge during SI.n abnormal pv bleed..done wertheim's hysterectomy in 2009..dont know the stage..pap smear done evry 6month..latest pap smear noticed a growth in vagina..admitted for biopsy..not known result..

dont forget to check the inguinal LN,complication of wertheim's hysterectomy

Some of the ques:

- ddx for cervical ca
- do u still call it Pap smear when cervix already taken out?
- what stage do u think for that time (2009)?
- If results showed squamous cell ca..how u want to mx?

6) gdm on diet control mogtt with indication advanced maternal age (40y/o) and grand multipara (g7p6+0)

dr khine asked about :

- mode of delivery for this pt
 - effect of diabetes on pregnancy and vice versa
 - how to do induction of labour and prostin insertion protocol in sgh?
 - what you hv to do if patient with prostin got hyperstimulation?
 - what tocolytic u should give?
 - patient already 5cm after prostin insertion, how would you manage?
 - what problem u anticipate in third stage of this pt? - PPH
 - Explain about the degree of perineal tear.
 - what is the complications that can occur during delivery of baby?
 - shoulder dystocia. so, what is the complication that can occur to the baby with shoulder dystocia.
 - what are 5 complications that can occur during 3rd stage?
- a)pph

b)uterine inversion

c)retained placenta

d)amniotic fluid embolism

e)maternal collapse

- placenta retained, how to manage this condition?

- how to do manual removal of placenta?

- where to manage patient after that. -HDU

7) Post date with ovarian cyst in pregnancy. standard questions of management

8) 27yo, primigravida @ 31+2. p/w multiple pregnancy & anaemia. otherwise uneventful.

Q : ddx

7 places to check for oedema

hx to assess oedema

p/e to access oedema

mx of twin & anaemia

9) 27y.o, G2P1, PIH under treatment with history of one previous LSCS ---

discussion : ix, mx, drugs- types and dosage, plan for delivery - timing and mode, trial of scar vs LSCS, complication of lscs

10)54yo, Parity3, presented with prolonged bleeding for2 weeks, hx of uterine fibroid since 2009, on follow until now, on PE, palpable mass noted at SPA 8times7cm,

Qs: ddx, define DUB(ovulatory&anovulatory), ix, mx

11) 28 y.o lady, nulliparous, presented wit massive abdominal distension since 3 month prior to admission , no abdominal pain, menses is regular but associated with backache everytime she had menses, no intermenstrual bleeding, associated symptoms such as constipation but no urinary symptoms;

Discussion: ddx ovarian tumor, lx(laboraory and imaging), plan of management for ovarian ca.

12) 52yo/single..LMP was June 2012, currently well with hx of uterine fibroid dx since 2006..it's asymptomatic fibroid case..1st presentation to KK with numbness frm umbilicus downward..follow up was done every 6months..had 1 episode of menorrhagia at 2010..

what is a possible fast growing tumor that u worried in this patient?

percentage to develop ca?

post menopausal symptoms?

what's the Tx for fibroid as well the post menopausal symptoms in this pt?

Contraindications & side effect?

what drug is used to Tx osteoporosis as well suitable in fibroid pt?

13) G5P4 referred case from sibu hospital for further assessment of heart illness in pregnancy (probably a valvular heart ds). also presented with gdm and chronic hpt. ques asked: a) the routine blood investigations in a/n. b) how to do the mogtt test and how to interpret the result. c) how to monitor gdm patient and the target range for blood glucose. d) pathophysio and investigation with regard of the pih; the symptoms of impending eclampsia. e) how to manage the patient during labour.

14) 43 y/o lady, Parity 2 + 1 (molar), known case of DM (dx 5 months ago) presented with 3 episodes of heavy per vaginal bleeding for the past 4 months + 1 fainted episodes. She has history of secondary subfertility. Last child birth 20 years ago. No btl & not on any contraceptive. She has loss of weight. The bleeding a/w with lower abdomen pain radiated to the lower back. Examination of abd revealed a round, firm, 16weeks size, mildly tender mass, at the suprapubic area. It was immobile, cannot get below the margin. Also got lower vertical midline abdominal scar, measured 10 cm, well healed, no incisional hernia. Other examinations unremarkable. (Dx: Cervix ca + to rule out Endometrium ca)

What is the diagnosis?

What are the points for the diagnosis?

How would the patient normally present with the above diagnosis (endometrium ca).

Why obese person high risk of getting endo ca?

How to confirm the dx? Investigations.

How to do bimanual examination? How to differentiate between ovarian mass and endometrium mass from bimanual examination?

What scar is that? What was it probably for?

How to stage? What staging? Tell in details.

What is the treatment in this patient if she is in the stage 3b of endometrium carcinoma?

15) Diagnosis was ovarian carcinoma.

- FIGO staging
- Treatment
- Chemo drug? Give example?

16) Preterm contraction, UTI? Anemia? Hx of menorrhagia and dysmenorrhea.

17) Fibroid: How to diff uterus vs ovarian mass, provisional, investigation, management.

18) APH with indeterminate cause: mx at emergency, GSH, lx, when to discharge, when TCA, comp. Of LSCS.

19) Ovarian tumour with thyroid and DM and cardiac murmur: lx, Mx, ddx, chemo drugs.

20) False labour: POA 39 weeks, hx of UTI, hx of anemia, general measure and advice on discharges

21) Post date: Post date 14 days with blood group A rh -ve

22) Gyn long case: 49 yo, para 9, currently at day 6 of menses, admitted 2 days ago with complaint of menorrhagia, history had excluded most causes, she also had anemia requiring blood transfusion. Examination revealed pallor, no other relevant findings. What is your diagnosis? Dysfunctional uterine bleeding. What investigations? Treatment options in this patient?

23) Obst long case: 38 y/o, G5P3+1, at 36 weeks POA, k/c of GDM under diet control diagnosed at 16 weeks POA... Admitted bcoz she fell down and felt some lower abdominal pain (tightening) not in labour... antenatally MOGTT done wt indication of advanced maternal age, 7 BSP well control...there is previous scar (breech)

gynae long case: 40y.o, G4P3+0, 7 weeks 3 day POA, known case of chronic hypertension, thalassemia minor and asthma presented with per vaginal bleed a/w suprapubic tenderness. os findings: clots and unsure of os opening. tvs findings: gestational sac seen, but no fetal heart. dx: inevitable miscarriage discussion: problems in this patient, types of miscarriage, findings on usg, management, on PE: why thyroid enlargement is significant (molar)

a) How u calculate POG? (9M=36W...Where's another 4 weeks?? every 3 months add 1 week etc2x)

b) BP trend throughout pregnancy...Hypertension in pregnancy why? physiology explain...

c) MOGTT...indication? how to interpret? when to diagnose...11.1? 7.8? What is impaired GT...WHO?

d) Quickening... diff primi vs multi? normal quickening?

e) False labour vs true labour? tightening?

f) S&S hypo and hyperglycemia...complication?... is it significant to ask numbness and blurring of vision? why?

g) Mx :timing and mode ...scar rupture?

24) twin pregnancy and GDM. Dr. Soe Lwin. 27 y/o, G3P2+1A, 33+7 wk POG (unsure LMP), twin pregnancy, probably DCDA twin, with GDM under diet control, not so well-controlled blood glucose, with family history of twins- maternal younger aunt had twins- same gender.- D dx for uterus larger than date- Management- for the current situation- antenatal f/up- in combined clinic, USG finding- fetal maturity- when to deliver, how and why

25) APH n PPRM , primigravida, 34wk POG, presented with recurrent pv bleed (spotting only in May) and leaking liquor which is small amount and non foul smelling on the day of admission..in June, there was no pv bleed..currently, pv bleed already stopped but there is tightening of uterus.fetus movement and growth are good.

Where are the fluid come from?

How to differentiate between vaginal discharge and urine?

what are the causes of leaking?

during phy exmntn, what are the relevant positive and negative findings? PR tachycardia: sign of chorioamnionitis, other signs of chorioamnionitis: fever, uterine tenderness n etc

how to differentiate between contraction pain and tightening?

what are ix's that you would like to do?

reasons and expected findings.

management of this pt in ward and plan of delivery

26) 36 y/o, G4P3, on 32 wks+3 days POG, diagnosed with twin pregnancy @ 3 months POG a/w exaggerated morning sickness/hyperemesis which improved after 2 months. Overall the pregnancy was uneventful and uncomplicated except there was once urinary tract infection well-treated with antibiotics. Mild anemia improved with iron tablet. +ve family history of twin in husband's uncle and cousin. PE revealed uterus large for date, first twin cephalic, 2nd twin breech.. fluid thrill positive (polyhydromnio).. etcQs: - what do you look for in ultrasound scan @ 3 months?- how to know chorionicity?- what to worry in monochorionic?- complications of multiple pregnancy (mother and fetus)?- causes for uterus large for date?- management?*forgot some small questions..

27) 47 y/o, single, nulliparous, came with heavy menstrual bleeding & symptomatic anemia for 1 week. transfused 4 pints of packed cells in the ward. p/e revealed pallor, otherwise no other findings (no mass palpable).

Questions asked: How does UTI relate with anemia?

Differential dx?

risk factors in this patient

US revealed no findings-->so dx?

Can ovarian tumor present with menorrhagia?

Ix? Mx?

28) 42, G4P3, POG 38 weeks, admit 2 days ago d/t unstable lie..... hx of anaemia during antenatal, advised take more iron-rich food and increased dose of iron tablet... hx of excessive increase of weight in 1 months, MOGTT done, showed GDM, under diet control.... after that glucose level was normal..... no other significant hx PE reveal oblique lie.... examiner: Awl qs: define lie, unstable lie, cause and mx.....

29) 26 yo, nulliparous, just married 1 month ago, admit due to worsen premenstrual syndrome such as suprapubic pain until feeling want to collapse. since her menarche (16yo) already had the pain but just worsen a few months ago. the pain was cramping in nature and throughout the whole menstruation. she always taking pain killer to relieve the pain but a few months ago, the pain killer loss its effectiveness to relieve her pain. Her menstruation lasted for 7 days and regular 28-day cycle. Since her menarche, she always uses 4 pads per day fully soaked but 2-3 pads during the remaining days. Her sister has the same problem but milder than the patient. PE: no finding except pallor of conjunctiva and palmar pallor. Provisional dx: Adenomyosis
Prof Soe qs: provisional dx, how to confirm the diagnosis (Ultrasound-ground grass appearance), mx, if want pregnant can or not? after pregnant the sxm still persist?

30) 16yo, G1p0, POA: 31Wk+5D, present with leaking liquor at 29wk POA, no contraction pain, no fever, no vulvovaginal itchiness, no etc.

-Social H(x) is important, cos its a teenage pregnancy.-Diagnosis?-Current m(x)?-Criteria for discharge?-Education on when the ppt should immediately come back.

31) Breech presentation

- what is your dx

- name the types of breech

- if patient at 35weeks POG, how would u like to mx her

- what is the mode of delivery for this patient

- what are the contra-indications of ECV

32) 39 years old fibroid with menorrhagia - how patient present, ix before giving medical treatment, treatment option (want to remove ovaries?)

33) 50yo, p1 multiple uterine fibroid (28 week size), p/w menorrhagia for about 5 months

Q : ddx

ix? how to manage ? cx of mx.

pt scared of surgery. hw to manage?

commonest s/e of gnrh

34) 40yo, P2 - abdominal mass - what is your diagnosis? uterine fibroid - how to differentiate by bimanual examination, what history would you like to ask, what is your tx for this patient?

35) twin pregnancy

Cause of larger than date :

Maternal complication

Fetal complication : she want to hear premature as the commonest cause

What important of chorionicity

36) short case : multiple gestation.

q- 1 how do u no its a mult preg

2 how mult preg happens

3 types

4 when plan to deliver

5 how am i going to deliver

37) 40 y/o nulliparous has a uterine fibroid. ques asked: a) what are the ddx for suprapubic mass, b) how to manage patient with uterine fibroid but there is no symptom, c) how to confirm diagnosis of a uterine fibroid, d) what are images seen in the ultrasound if it is a uterine fibroid

38) Please examine the perineum, only inspection

Remember to ask patient to cough to see protruding mass

How to differentiate 2nd degree & 3rd degree UV prolapsed

(a) First degree with a descent of the uterus, but the cervix remains within the upper vagina.

(b) Second degree uterine descent when the cervix reaches down to the vulva on straining, but does not pass through it. (fundus remain in pelvis)

(c) Third degree or procidentia when the cervix and some or all of the uterus is prolapsed outside the vaginal orifice. In practice the fundus of the uterus usually remains within the vagina, but there is an associated inversion of the vagina.

39) The degree of uterine descent can also be graded as:

1st degree: cervix visible when the perineum is depressed - prolapse is contained within the vagina

2nd degree: cervix prolapsed through the introitus with the fundus remaining in the pelvis

3rd degree: procidentia (complete prolapse) - entire uterus is outside the introitus

Risk factors

Management

Many got puerperium cases: post svd, post c section.

How to manage after c section? What to examine during puerperium? Involution? Causes of fail uterus involution?

Causes of puerperium fever? Advice to mum regarding endometritis? DVT? Contraceptive?

A) Ovarian tumour

B) Post date: ask brief history, define engagement, plan for the patient

C) Fibroid:

40) 38y/o, P2, compliant with menorrhagia and mass felt in the abdomen. Day 5 of menstruation. Pls examine her abdomen. PE: abdomen distended at suprapubic area,

tender at suprapubic and left iliac fossa with and without palpation. 20 wks size mass, nodular, mobile side to side.

- Qs: diagnosis? Multiple uterine fibroid.
- Differential diagnosis?
- Expected ultrasound findings?
- Pt doesn't want to have more child, so wads ur management?
- GnRH agonist 3-6 mths, how does it help in d surgery?
- Hysterectomy, preserve ovary, why?
- Differences bet natural menopause and surgical menopause?
- What HRT u wan to give?

41) 38 weeks of POA, perform obstetrics examination.
Dx: transverse lie. Discussion: Mx, difference btw ECV done in transverse lie and breech, when do u want to perform ECV, would you want to wait till 40 weeks for delivery, if not, why

42) age not given, G&P also not given. patient at 32 weeks POG, examine patient. Findings: FH 40 weeks, SFH 41 cm, fluid thrill positive, multiple poles felt. Dx: twins
- How do you manage this patient at 32 weeks?
- this patient is MCDA, so how you manage her pregnancy?
- Ok, you can go.

43) 43 y/o p3 last child birth 7 years ago currently presented wt menorrhagia.pls do abdominal examination
Discussion:
1) PE-hernia orifices...ascultate the mass?
2) How to diff bet u.fibroid n ovarian mass per abdomen
3) Dianosis... points support?
4) Ddx (gives as much as u can
5) How to confirm? What do u expect?
6) Mx. surgery? Doesnt want anymore child..why preserved ovary?
7) What types of menopause after surgery?
8) Most serious complication of menopause?

44) gyn short case : 38 years old, with subfertility presented with menorrhagia for last few year..examine the abdomendescribe the mass
options of tx :
GnRh agonist : duration of tx..SE long term used
complication of TAHBSO to the pt : surgical menopause

45) 46 years old,P1,with mass per abdomen at suprapubic area, RIF & right lumbar region. Diagnosis?Ix?How to differentiate fibroid & ovary mass?Mx?What type GnRh agonist used in SGH?Why in fibroid we dont give danazol?cause irreversible hoarsness of voice

46) short case : 32 y.o, G1P0 at 37 weeks POA. Do obs abdominal exam.Finding: singleton Breech. Discussion: Causes of breech, findings in USG, how to do ECV, complications of ECV

H) Orthopaedics Clinical cases

LONG CASE

Fracture/polytrauma/multiple fracture
Tumour (Soft tumour and bone)

Osteoarthritis
Spine

SHORTCASE

Skin traction
Skeletal traction
Scaphoid cast
Diabetic foot
Level of Amputation
1.TRO septic arthritis / acute exacerbation of OA
2.thoracic OPLL
3.spiral injury - where?
4.closed # Rt of femur
5.infected implant
6.amputation d/t DM
7.Lt neck of femur #
8.infected wound due to DM
9.SCC of Rt thigh
10.Rt distal femur osteosarcoma
11.closed # of Rt tibia
12.Lt foot abscess
13.closed # of Lt patella
14.L5 – butterfly vertebra
15.infected sebaceous cyst of Rt thigh
16.Lt knee laceration wound, bone clip ant. aspect, Lt prox tibia closed distal # distal & Lt radius closed # tibial spine
1.bedsore & infected wound
3.defying injury Lt palm
4.Rt leg cellulitis
5.compartment syndrome
6.gangrene of Rt foot
7.open # with tibia with exposed wound
8.Rt thigh abscess
9.open # of radius & mid shaft ?
10.closed # of Lt malleolus
11.Multiple fracture
12.Rt gluteal abscess
13.closed fracture of tibia & fibula

QUESTION COLLECTIONS

ORTHOPAEDICS

1) pt with fracture of mid shaft humerus, complaints of wrist n finger drop. Plis examine pt right upper limb. Whats ur diagnosis?

2) skin traction. Please examine. Whats complications pt might have? How u prevent DVT?

3) RA

- how u know this is RA
- what are the ratio between male n female in RA
- other diff dx
- how u differnt with gout

2) skeletal trctn

- indictn n complication
 - othr types
 - advntge and disadvtge
 - contraindctn (skin n skeletal)
- (list as many as u can)

Please exam this patient's right hand
What are ur fundings in this patient?
Functional well or not?

Please look at this patient's left leg, what is the thing (full ring external fixator)?

Please examine this patient left leg.

What do you think what are the indications of external fixator for this patient for 5 months?

pin tract infection, over stretching lead to nerve and vessel injuries, severe comminuted fracture, severe bone loss

3) external illizarov: aim, indication in adult & child (CTEV)

4) red tensor tendon rupture

5) Pls examine the left knee

a) What are the tests for ACL laxity?

b) Pls explain anterior drawer test. Why the leg is align at 90 degrees?

c) Pls explain and demonstrate Lachman test

6) Rheumatoid arthritis

a) Tell me all the features noted for the right hand

b) What is subluxation? How to test/confirm subluxation with PE

c) What are the carpal bones

d) With one finger, point to the distal radioulnar joint

e) With one finger, point to the scaphoid bone

f) with one finger, point to the radiocarpal joint

7) Diabetic foot

- examine the foot and diagnose

- features of high risk foot

- investigations

- indications for amputation

8. Philadelphia tracheotomy cervical collar

- name the equipment

- indications the collar

- points of anchor for this collar and complications

- patient complains of difficulty chewing; diagnosis

9) Patient w illizarov on leg up till ankle. Ques, what is the thing called (Ex Fix), what & where do you think the problem, do neurological examination, what peripheral nerve supply, what nerve affected

10) patient w thomas splint. what the thing called, uses, where the ring sit up, complication, function of spreader

11) Arm sling: Why arm sling is applied, What is the uses of arm sling, complication of arm sling (not backslab), describe the extend of the backslab, describe the ROM of the finger joints.

Diabetic foot: Look and tell me the findings. Itu saja

12) examine the lower limb. A. Buck's skin traction attached to a 5lb sand bag on left limb.

a. Diagnosis. Left femoral neck fracture. Differential diagnosis inter/subtrochanteric fracture

b. Complication of femoral neck fracture (local and systemic)

c. What is peculiar about intertrochanteric and femoral fracture?

d. Which one cause non union more. why?

e. Do you worried an elderly with avn. Why?

f. What operation for elderly with femoral. neck fracture.

13) ILIZAROV full ring external fixator on the left lower limb.

a. Examine the Lower limb

b. Tell me your finding. (wasting, sutured wound, temperature, tenderness, oedema...etc)

c. Why patient unable to flex the toes? (nerve, what nerve, tendon rupture and what tendon)

d. Why there is a sutured wound on the ankle joint? (previous trauma with open fractures/ previously with an internal fixator and lead to osteomyelitis [it is my answer but doctor did not said anything])

e. If patient had infected implant need to remove or not?

f. Skeletal traction proximal tibia

- what nerve could be injured

- how insert pin, the landmark, distance from landmark

- how manage fracture shaft of femur

- what kind of internal fixator could be used

14). RA

- how to diagnose RA

- management for RA

- what stage of RA does the patient have

- do you think he needs surgery

15) Closed intertrochanteric fracture

1. Present PE

2. Investigations to do

3. Interpret X-ray

- could it have AVN?

- abnormality of the bone (osteoporosis)

16) Deep vein thrombosis

- ix (lab, radiograph, duplex ultrasound scan, ECG, etc.)

- management of DVT

- can patient with DVT walk?

- what is the pattern of pulmonary embolism at ECG?

Failed implant with chronic pus discharge.

Summary history--- external fixator- internal + circular external fixator -- discharge-- admit--discharge--admit for removal of implant + antibiotic insert

Examine wound...

Investigation - blood, imaging

CRP and ESR which one indicate chronic?

X-ray- tibia united, fibula not united with gap.

irregular articular surface = post traumatic osteoarthritis

17) 15 y/o boy come with pain n swelling of ankle joint a day prior to admission. Prev h/o trauma a week prior to complaints. Other hx unremarkable.

Ddx: septic arthritis, JRA, cellulitis, osteomyelitis, subcutaneous abscess.

What investigation you would like to do?

- blood ix & imaging.

How you manage this pt?

- fluid resuscitation

- give IV antibiotic (cloxacillin)

- what common organism?

- staph aureus

- then do arthrotomy, drainage & debridement.

18) NF-long case.

present history.

Summary

DX, diff, reasons..

Ix, Management

Anatomy of foot(what tissue involved in the heel)
 what complication had
 OM change in this patient.Gas gangerene. X-ray film.
 how you assess the compliance of DM in this patient.
 DM complication.
 What predisposing factor in developing NF.
 Anatomy involved in NF.
 Why blister formation in this patient.
 Complication of NF.
 Skin graft, type.
 How you do microfilament test, how test gloove stocking,
 paplate pulse.
 How you check vascular statues other than PE
 What are common organism involve in NF.
 Forget some Q. will add when remember again.

19) long case (prof anam): ankle fracture
 - diff dx
 - what muscles and ligament involved
 - classfctn ankle fracture
 - ix u want to do, mx at A&E , mx in ward
 - when u want to discharge patient and based on what

20) Chronic osteomyelitis secondary to surgical implant
 with previous history of fall from height and had spine
 fracture, right radius and ulnar fracture, left tibia fracture
 Please present me ur history
 Please tell me the positive finding only
 What is ur diagnosis?
 Chronic OM secondary to implant infection
 How u assess the condition of patient (chronic
 osteomyelitis)?
 Through blood ix (FBC,ESR,CRP, swab culture and
 sensitivity), radiological ix (spine, right arm, left leg x ray
 in different view), invasive procedure (bone biopsy)
 What findings u will get in x ray for right arm in OM?
 Periosteal reaction, bone lysis and sclerosis,
 sequestrum.
 Why u want to do bone biopsy?
 Want to check any malignant change. Prof:No likely.
 Me:check microbiological culture and sensitivity and
 guide for antibiotic use
 What problems this patient have?
 Spine fracture, right radius and ulnar fracture, left tibia
 fracture, facing financial problems
 How u treat this patient (chronic OM)?
 Principle of treatment is analgesics, antibiotic, rest and
 surgical eradication.
 How long u will give antibiotic to this patient?
 At least 6 weeks
 How u monitor the progression of patient?
 I: through clinical presentation, blood investigation, and
 radiological.Clinically, patient will have less pus
 discharge, the swelling will become smaller, the pain
 score will decrease, ESR and CRP will decrease,
 radiologically we can c normal bone growth.
 How u manage his back problem?
 Me: i cannot sure what fracture he had, i need confirm
 with radiological investigation before doing anything for
 him, then he proceed to other question
 When his leg fracture will heal?today is post trauma day.
 Me:Callus formation is 6 weeks, and consolidation is 12
 weeks. Today is post trauma day 60, so he still need
 around 24 days to heal.
 How u check illizaroc functioning or not?

Ask patient got pain at injured area or not, check x ray to
 c any bone growth.

21) left foot abscess(ankle region) with underlying
 diabetes- differential, investigation in a n e and ward, PE
 ulcer thoroughly, common organism in diabetes, antibiotic
 use in diabetic patient, management

22) Osteosarcoma (c/o pain n swelling at knee in an
 adolescent)
 Provisional dx? : malignancy of the bone most likely
 osteosarcoma.
 Reason : adolescent, commonest at knee/distal femur
 diff. dx? : Ewing sarcoma, Chondrosarcoma,
 rhabdomyosarcoma
 How do you investigate? What plain x-ray u want to do
 for this pt? What are the features to differentiate
 osteosarcoma n Ewing sarcoma? What is the indication
 for MRI in this pt? Why do u do next if chest x-ray is
 normal? What type of chemotherapy for this pt? What is
 the staging system for osteosarcoma?

23) Foot abscess without known cause
 a. What is your provisional dx? Cellulitis, abscess
 b. What is the differences between cellulitis and abscess
 on clinical examination? Fluctuant test is positive
 c. Can the patient move the joint? Yes
 d. So if can move means what? No septic arthritis of the
 joint
 e. What you can see in xray of septic arthritis during
 early stage? Widening of joint space, swelling of soft
 tissue around the joint
 f.What else can be infected? Bone, may be lead to
 osteomyelitis
 g. How do you know there is OM in X-ray? X-ray of the
 ankle in AP and lateral, to see the subperiosteal abscess
 h. What is the early signs of OM in X-ray? Thickening of
 cortical bone, bone destruction subperiosteal abscess
 i. Why OM can be only seen in X-ray 10 days later? Not
 sure. (Dr answer is because only 30-50% cases of OM
 only will show changes in X-ray on early stage)
 j. What investigation you want to do? Fbc to look for
 WBC, buse, renal profile and coagulation for preop
 baseline, swab culture and sensitivity of the wound, ESR,
 CRP to look for infection, FBG to rule out DM
 k. How do you manage this patient?
 Cleaning, irrigation to flush out foreign body and reduce
 infection rate, wound extensive, wound debridement and
 IV antibiotic which is Cloxacillin and penicillin given
 l. Why give Cloxacillin? For staphylococcus aureus
 m. Why give penicillin? For streptococcus pyogenes
 n. Tell me what you see in X-ray? Describe the view (AP
 and lateral view of the right foot), mention all the
 negative findings for early signs of a) septic arthritis such
 as no widening of joint space, no swelling of soft tissue
 around the joint, and b) OM such as no thickening of
 cortical bone, no bone destruction.

24) Closed subtrochanteric # of left femur
 a) Present History
 b) Show me your physical examination
 c) Why there is "spare of arm" label at her left hand? and
 what cant do on that hand (Medicine: AV fistula)
 d) (Done PE) As a houseman in hospital, pls show me
 how you examine the patient post-operatively
 e) As A&E houseman, how will you assess the patient

- f) Pls interpret the x rays
g) What are the differential diagnosis

25) left closed intertrochanteric #, post-op.

- a) history n physical examination findings
b) ddx: IT #, NOF#, proximal shaft of femur #, acetabulum#, post. dislocation of hip.
c) cause of foot drop in patient if any: sciatic nerve injury
d) pre-op prep
e) mx in ward: skin traction
f) cx of skin traction: skin abrasion, pressure sores, thromboembolism
g) how to prevent thromboembolism: compression stocking, encourage exercise of the limb, foot pump, massage
h) weight for skin traction: 5% of patient's body weight
i) if NOF#, what's ur operative mx: hemiarthroplasty
j) Operative mx in this patient: dynamic hip screw
k) what drugs u can give to this type of patient? (60yo lady ~ osteoporosis): calcitonin, bisphosphonates...

26) Delay union due to osteomyelitis + RA

- a) What are the findings u see at the hand? What are the features suggestive of?
b) What are the indication for ilizarov method? Why is it use in this case? What are the complications?
c) What causes delay union?
d) What are the x-ray features of osteomyelitis?
e) Outline the general management of osteomyelitis
f) How can you confirm the osteomyelitis has subsided ?
g) State the surgical intervention for OM Intertrochanteric #
- differential diagnoses; investigations; management
- post-op complications
- X-Ray interpretation and final diagnosis
- classification of osteoporosis and its pathophysiology
- extra incidental findings in my patient:

27) 36 yo lady, Necrotising fasciitis

ques : Ddx n why, how u differentiate NF & cellulitis, type of NF, what is the key PE finding we look for abscess, investigation, Mx, what Abiotic usually given to NF, what structure take out during wound debride, how to know patient response o not

28) Foot abscess. History, differential, investigation, management, common causative organisms, how to know whether patient is responding to that particular antibiotic.

Osteosarcoma: how r u goin to answer when patient's parent ask..why his son got this kind of malignancy why not u(me) dont get the disease?..what is probability for his other childrens to get the same disease..give 6 current problem in this patient that u need to manage?

29) Fracture humerus +/- anterior shoulder dislocation

- a. What are your differentials?
b. What investigation you want to do?
c. What structures are injured? what nerve?
d. How to reduce the fracture?
e. When the patient can start to work?

30) right closed greater tuberosity fracture (bed 30, male)

C/c: pain and swelling at anterior shoulder

- a. Diagnosis
b. Investigation
c. X-ray AP shoulder interpretation
d. Muscle attached to greater tuberosity
e. Management

31) ddx is femoral neck fracture subtrochanteric fracture intertrochanteric fracture

- a. What is the medical problem this women encountered associated with orthopedics.(pathological fracture and osteoporosis)
b. How do you classified the pathological fracture.
c. How will you managed a patient with osteoporosis
d. How to manage your patient in this case
e. Why hemiarthroplasty in femoral neck fracture and intertrochanteric with dynamic hip screw.
f. If patient is going for operation, tell me how do you get consent from patient.
h. If patient is going to discharged, tell me what is your plan.

32) foot abscess in left ankle with DM

- a. What is ur diagnosis and differential?
b. What is the investigations u want to do? in A&E?
c. X-ray on ankle, tell me the bone anatomy.
d. What is the antibiotic to gv in pt with DM?

33) mid shaft femur close fracture

- differentials (possible site of fracture)
-which nerve n vessel injured
-investigations
-how much blood loss to expect
-management in A&E
-management of fracture
-how is high tibia skeletal traction pin inserted, landmark
-complications of fracture
-fat embolism syndrome: what is it, presentations, how to prevent

34) rheumatoid arthritis

- describe signs in patient's hands and feet
- ARA criteria for diagnosis
- complications
- treatment

35) (undisplaced- conservative with u-slab) Long case: 66yo lady nof#

- a. Ddx
b. What other problems to exclude in this pt.
c. What is the possible causes of nof# in this pt.
d. Investigations. What tumour markers. Tb work out (pt has hx of ptb 20years ago, now got 2months hx of cough and green sputum)
e. Interpret pelvic xray n cxr
f. Classification of nof#
g. Management.

I) Paediatrics Clinical Cases

LONG CASE

Asthma 5y/o; clinically well
Bronchial asthma
Thalassaemia intermedia
Down syndrome + Asthma
Global dev delay + rt side dilated pupil + lt sided UMN + HPT
Down syndrome: heart defect, (Small VSD),

congenital hypothyroidism, prolonged jaundice
Hemophilia
Prolonged jaundice
Thalassaemia
Steroid dependent Nephrotic Syndrome

SHORTCASE

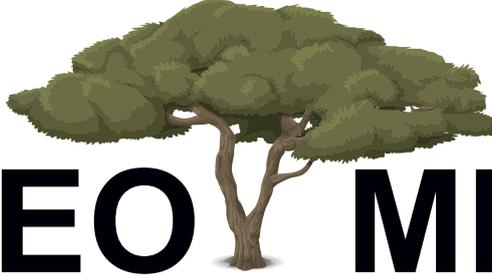
Soft ASD
Hypotonic cerebral palsy
Unilateral knee swelling
Haemophilia p/w R knee hamarthrosis
Thalassaemia, splenectomy scar, hepatomegaly,
VSD with grade 4 murmur
Swelling at right knee, haemophilia
Cerebral palsy
bronchopneumonia
Down syndrome with vsd
Repaired TOF
Floppy Baby (LMN)
Cerebral palsy
Down Syndrome with VSD
Knee examination with hemophilia
VSD with hepatomegally
Ataxia, hypotonia
Cerebral Palsy with hyperinflated lungs and stidor
TOF + midline sternotomy & left lateral thoracotomy
scar
Thalassaemia with splenectomy scar on desferral
VSD (but murmur best heard on Lt USE)
Lower limb examination--?? Meningitis
Quadriplegic Cerebral palsy
LMN lesion
CVS examination, ASD
Hereditary spherocytosis
Splenomegaly

STUDENT NO. :

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NAME :

BORNEO MEDICA COLLEGE



BORNEO MEDICA

FINAL PROFESSIONAL EXAMINATION II

OBJECTIVE STRUCTURED CLINICAL EXAMINATION ANALYSIS

2015 / 2016

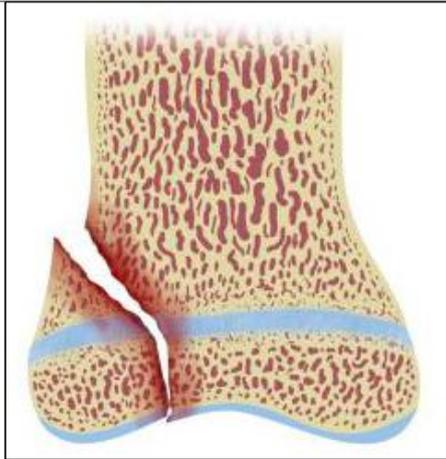
DO NOT OPEN THE QUESTION PAPER UNLESS YOU ARE INSTRUCTED TO DO SO

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Prepared by the Underground Kidz™

FPE 2004



1. A. Describe the fracture.
through or transverse fracture at of distal tibia. intra-articular. fracture plane passes directly through the metaphysis, growth plate and down through the epiphysis.

B. What kind of classification used and what is the type.
Salter harris fracture, type 4.

C. How to manage?
The injured tissues must be accurately reduced and lined up with each other, to minimise the risk of a physeal bar and articular incongruity. It require ORIF and long-term follow-up to detect growth disturbance.

D. Prognosis?
poor prognosis as the proliferative and reserve zones are interrupted



2. A. Describe the x-ray finding
Multiple 'punched out' lytic lesions seen in the skull vault (known as a pepperpot skull). The entire skeleton is osteopenic.

B. Describe the BUSE result (not shown)
Decreases in the number of normal white blood cells, red blood cells, and platelets

C. What is your diagnosis?
multiple myeloma

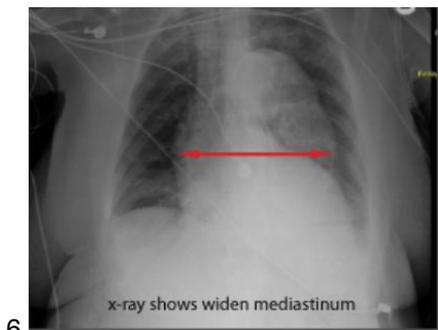
3. Interactive : breaking bad news, patient died after RTA due to cardiac arrest, all measures were futile.
 Sample video for breaking bad news : <http://bit.ly/break-bad-news>

4. video clip of an old lady with features of side effect of anti-psychotic drug.
 Watch at: <http://bit.ly/tardive-dyskinesia>

A, Describe the video clip
Chorea, dysphonia, dystonia, tics & myoclonus

B. How to manage
anti-anxiety drug clonazepam

5. Interactive : instruct your senior MA to perform home of a patient with multiple hospital admission due to schizophrenia . Identify features at home, family members, and surrounding people that we need to intervene. Describe management.



6. Describe CXR with cardiomegaly with widened mediastinal space

Diagnosis
dissected aortic aneurym,

Clinical feature

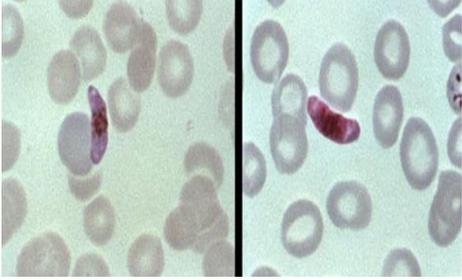
Investigation

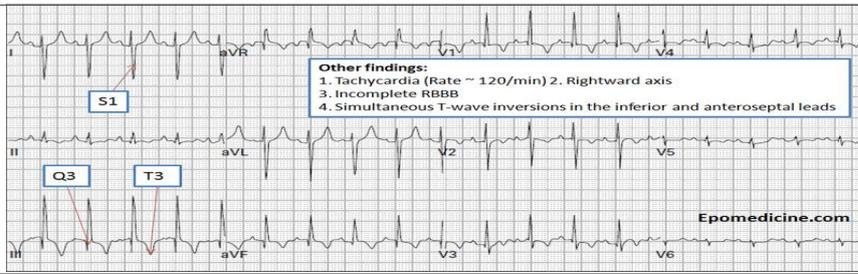


7. Describe ambiguous genitalia

Diagnosis
congenital adrenal hyperplasia with salt losing crisis

Management

<p>8.</p> 	<p>8. thin PBF Describe <u>on gametocyte, trophozoites, merozoites, banana shaped sth</u> Diagnosis <u>Plasmodium Falciparum</u> Management</p> <hr/> <p>Clinical Feature</p> <hr/> <p>prognosis</p> <hr/>
	<p>9.</p> <p>picture of <u>dislocated right shoulder</u> early n late Character <u>Bankart lesion, axillary a/n injury, rotator cuff tear, long thoracic nerve.</u> Management <u>Hippocratic method, traction & countertraction, sling 3weeks</u></p>
<p>10. Interactive : one-man CPR on the scene of accident: ABCDE, how many chest compression per breath. Watch video: https://goo.gl/LDlvZC</p>	
	<p>11. 3 & 4th nerve palsy; ophthalmoplegia, describe abnormality seen</p> <hr/> <p>whcih nerve is affected nerve</p> <hr/>
<p>12. counseling on G6PD deficiency. History, Mrs. zunika carrier, husband is normal, how many percentage child Mrs. Zunika bear will get G6PD. What is the mode of transmission, <u>x-link</u>. Management? precaution or prevention to take, <u>fava bean</u></p>	
<p>13. CXR with features of lung collapse, consolidation, mass, pneumothorax, hyperinflated. describe CXR and give diff diagnosis</p>	
<p>14. Counseling on meningococcal meningitis/septicaemia, advice to mothe. Management.</p>	
<p>15. counseling for subsequent pregnancy in mother with fresh still birth.</p>	
<p>16. counseling on sterilization, esp BTL. Does it need consent from husband, if list for BTL full, what advice to give? What other methods for contraception other than OCP?</p>	
	<p>17. picture on perforated ear drum Diagnosis <u>CSOM,</u> Management</p> <hr/> <p>Feature</p> <hr/>
<p>18. counseling on BCG immunization, dose, where site of injection, syringe & needle to use, advice post-injection. If child have fever and itchy at site of injection, can we use handiplast? What should be done? advice and plan of Management</p>	



19. ECG – pulmonary embolism, state abnormality on ECG

further Investigation

Provisional Diagnosis

Management

20. x-ray showing post-op gastric ca . describe what is seen on the x-ray

Which is the most likely operation which patient undergone

FPE 2005



1.

1. Patient presented with 10 years history of joint pain, relieved by NSAIDs, suddenly develops the lesion on index finger after frusemide Treatment.

☞ Describe the lesion

☞ Diagnosis with reasons

☞ Investigations

☞ Management



2.

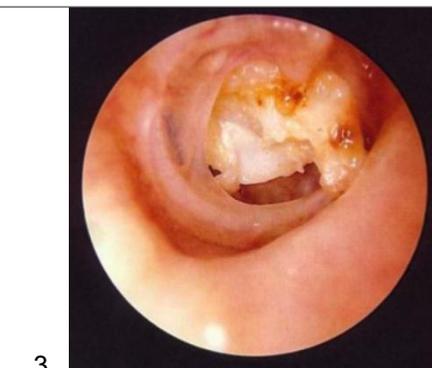
2. Picture of right & left leg

☞ Diagnosis : Ruptured archilles tendon

☞ 2 clinical features

☞ Name the test to confirm the condition & how to do it

☞ Management



3.

3. Otoscopy of an ear (Tympanic membrane)

☞ Describe the finding

☞ Which ear? Why?

☞ Diagnosis: Cholesteatoma

☞ Investigation

☞ Treatment

4.

4.

		The Truth		
		Has the disease	Does not have the disease	
Test Score:	Positive	True Positives (TP) a	False Positives (FP) b	$PPV = \frac{TP}{TP + FP}$
	Negative	False Negatives (FN) c	True Negatives (TN) d	
		$Sensitivity = \frac{TP}{TP + FN}$ Or, $\frac{a}{a + c}$	$Specificity = \frac{TN}{TN + FP}$ $\frac{d}{d + b}$	$NPV = \frac{TN}{TN + FN}$

	Present	Absent	Total
+ve	140	10	
-ve	110	240	
Total	250	250	

⊗ Calculate the specificity rate
56%

⊗ Calculate the sensitivity rate
96%

⊗ What is gold standard Ix? Give example.

⊗ What is the problem of high sensitivity Investigations?



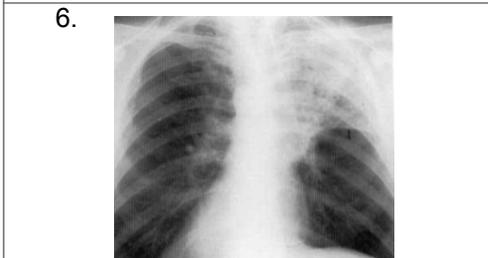
5. Picture of a 4 year old boy.

⊗ Describe the lesion
rashes & vesicle of hand, mouth ulcer + rashes at feet

⊗ Common etiological organism

⊗ Diagnosis
Hand Foot Mouth Disease

⊗ Management



6. ⊗ Describe the X-ray

⊗ What are the features to suggest PA view

⊗ 2 radiological Investigation

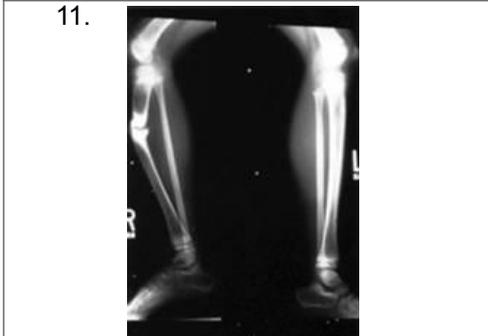
⊗ 3 differential Diagnosis

7. Interactive : CPR

8. Interactive : Patient 50 year old with angina pain. Assess risk factors & give 3 investigations need to be done.
⊗ Examine heart, BP, sign of hypercholesterolaemia + Ask few question

9. Interactive : 45 year-old, P3, Uterine fibroid, Planned for TAH. Please take consent.

10. Interactive : 25 year-old school teacher, History of agrophobia for 1 year. Take relevant history from this patient. Ask question.



11.

⊗ Describe the X-ray

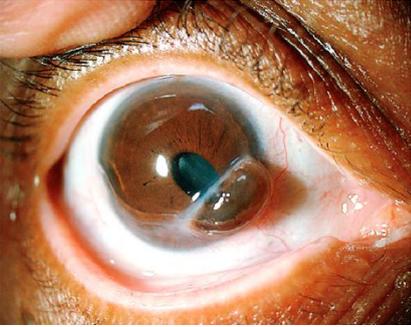
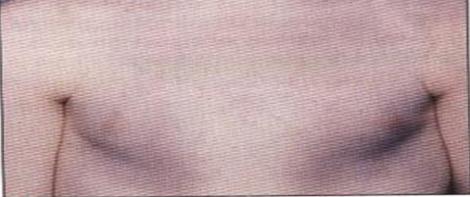
⊗ Dx

⊗ Local cause lead to the above problem

⊗ Management

12. Interactive : You are a doctor in charge of a rescue ambulance. You received a call about collapsed building. You went there and found an unconscious victim. What would you do?

13. Interactive : Patient with chronic schizophrenia, History of 3rd person hallucination, Grandiose delusions, Poor insight. Assess mental state.

<p>14.</p> 	<p>14.Type of bone & name of the fracture</p> <hr/> <p>4 clinical features</p> <hr/> <p>2 nerve that can be damaged</p> <hr/> <p>What nerve likely to be injured?</p> <hr/> <p>What type of patient at risk? Why?</p> <hr/>
<p>15.</p> 	<p>15. Left eye of the patient can open after a substance was injected.</p> <p>☞ What is the name of the test?</p> <hr/> <p>☞ How to do the test?</p> <hr/> <p>☞ What is the generic name of drug use?</p> <hr/> <p>☞ Diagnosis</p> <hr/>
<p>16.</p> 	<p>16.40 year-old, done surgery of right eye due to cataract. Yesterday, knock his head on table.</p> <p>☞ Describe</p> <hr/> <p>☞ What surgery had been done?</p> <hr/> <p>☞ Diagnosis</p> <p><u>Iris prolapse</u></p> <p>☞ Treatment</p> <hr/>
<p>17. Interactive : A lady with excisional biopsy, result came out to be intra ductal carcinoma. Break the news. The patient does not accept the result. Offer second opinion.</p>	
<p>18. Interactive: 35 year-old Mrs Y school teacher, At 32 weeks POA, Previous Hx of breech LSCS, Come with Hx of painless bleeding diagnosis Confirmed as Placenta praevia. How do u tell the patient the need of admission? What are the Complications arising from PP?</p>	
<p>19.</p> 	<p>19.</p> <p>X-Ray of the 2 day-old child</p> <p>☞ Describe</p> <p><u>Opacity of lung capacity on whole area of right lung.</u></p> <p><u>Shifted mediastinum to the right.</u></p> <p><u>Loss of lung marking on the left side</u></p> <p>☞ Diagnosis</p> <hr/> <p>☞ Clinical features expected in this patient</p> <hr/> <p>☞ Management</p> <hr/>
<p>20.</p> 	<p>20. 4 year-old come with severe exacerbation of asthma</p> <p>☞ What is deformity of the chest</p> <hr/> <p>☞ 4 clinical features to suggest severe asthma</p> <hr/> <p>☞ Management at A&E</p> <hr/>

FPE 2006

1.Photo of a three month old boy, whose mother passed away at day 3 of his birth, was displayed. Currently being

taken care by his grandmother who receives monthly aid from the Welfare Department.

1) Describe the appearance of the boy.

very thin & ill looking

2) What is your Diagnosis?

3) What is your management of this boy?

2.



2. A Colorectal specimen with ulcerated site; which was resected during an operation was on display.

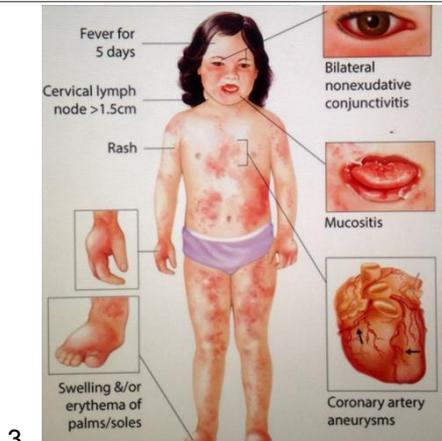
1) Describe the picture

2) What operation could that be?

3) Name one type of classification for this disease and explain them in detail.

4) What is the immediate complication of that surgery?

5) What other treatment can be given & name what used for that treatment.



3. 2 year old girl brought by her mother, complains of fever & on examination some cervical lymph nodes enlargement was found. Photo was displayed.

1) Describe what you see on the child.

crying, cracked lips and swollen limbs

2) What's your Diagnosis?

Kawasaki disease

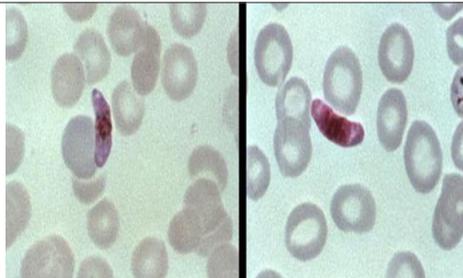
3) What haematological abnormalities you can expect to find in this disease?

Anaemia, leucocytosis, thrombocytosis

5) What's your management plan for this child?

Echo at first and repeat after 6 weeks, IV Ig, salicylates till ESR and CRP normalized, otherwise, cont low dose in coronary aneurysm

3.



4. A 30 year old man came with fever for few days. Blood film as shown in the slide under the microscope. Look at it and answer the following questions.

1) Name the organism that you see and give reasons why?

2) Define the term Relapse & Recrudescence.

3) Name complications of this infection and expected finding.

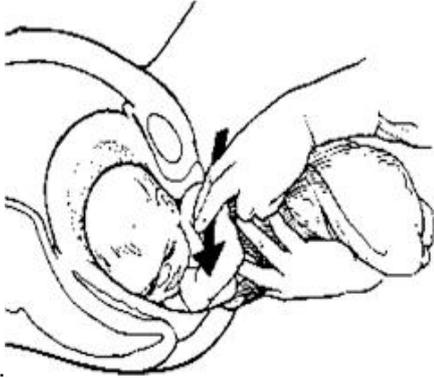
4.

5. X-Ray of skull and cervical spine; belonging to a man who was involved in a road traffic accident.

1) Describe the x-ray film.

2) What's your Diagnosis?

3) What 3 materials you must place on the patient when transferring the patient?

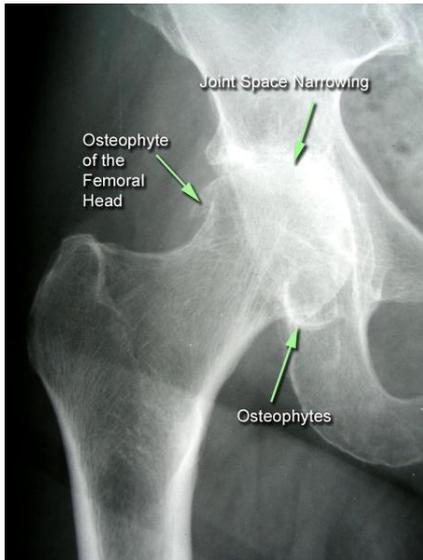


6.

6. Photo of Breech delivery.

1) Name the manoeuvre that is shown in the picture.

2) Describe how you perform it?



7.

7. A 65 year old lady came with painful limping. X-Ray film of the Hip was on display.

1) Describe the X-Ray film.

2) What's your Diagnosis/?

3) What's your management?

8. INTERACTIVE STATION. Patient, Miss Khatijah came to see you because she has been hearing voices for the past 1 month. Assess for auditory hallucination in this patient. Introduce & greet the patient, ask what brought her here, auditory hallucination-2nd or 3rd person; thought echo & running commentary, family history & past history etc.



9.

9. Middle-aged man came with cough, fever and hemoptysis. Chest X-Ray was shown.

1) What features would suggest this is a diagnostic film?

2) What other investigations you would like to do to confirm Diagnosis?

3) Give your radiological Diagnosis

FPE 2007

1. A photo showing a child with scissoring legs. She is 6 weeks old, born at 30 weeks, admitted to Nursery for 1 month before discharged home. Her mother is worry about her developmental milestone.

a. Describe the abnormalities seen.

b. What is your diagnosis?

c. What other features to support your diagnosis?

d. What is the most possible cause for her to developed such condition.

2. This is a 62 years old male with previous history of laparotomy 22 years ago due to epigastric pain.

a. Describe A to E

A-pallor, B-glossitis, C-koilonychia, D-angular stomatitis, E-peripheral blood film of the patient.

b. What is the likely cause?

c. Comment on his FBC and DC result?

d. What other investigations you want to do?



3.

3. A photo of a hand of a 20 years old man with Depuytren's Contracture. He is a chronic alcoholic drinker.

a. Describe the hand lesion?

b. What investigations you would like order?

c. What other physical sign you would look for?

d. What 2 other non hepatic cause of the lesion?



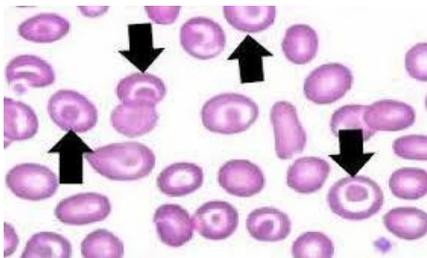
4.

4. A photo showed ECT machine.

a. What is the instrument?

b. Indications for the instrument?

c. What complications that may arised?



5.

5. A blood smear showed hypochromic microcytic anaemia of a 6 month old infant with jaundice. Target cells were seen.

a. Describe the blood smear.

b. Described the FBC

c. What is your diagnosis?

d. What other cause for microcytic hypochromic anaemia?

e. Investigations to differentiated both differential diagnosis and there result.

f. What test to confirm the diagnosis and expected result.

6. A photo showed a man doing fogging.

a. What is the process called and the target agent?

b. What is the disease cause?

c. How to confirm the disease?

d. What other control measure?



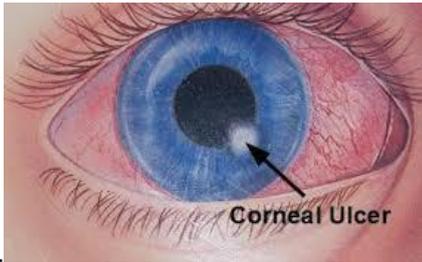
7.

7. A photo of tympanic membrane? A man with hearing loss.
a. Describe the lesion seen. Left or right ear?

b. What is your diagnosis?

c. What are the clinical tests to help you to come to diagnosis?

d. If the patient has sensorineural deafness to the lesion's ear, how do you confirm the diagnosis?



8.

8. A photo of corneal ulcer. A contact lens user complained of painful red eye.

a. Describe what you see?

b. What is your diagnosis?

c. How do you manage this patient?



9.

9. An obstetric ventouse cup is shown.

a. What are the complete components for the instrument to be used?

b. What is the maximum pressure to be achieved before the procedure to be done?

c. What are the contraindications for the procedure?

d. What are the complications that may arise?

10. A photo showed chest tube.

a. What is the instrument shown?

b. What are the indications for the instrument?

c. What are the important measures to be done after the tube inserted?

d. What are the immediate measures to be done before removing the tube?

11. An X ray KUB showed staghorn calculi of the right kidney.

a. Describe what you see?

b. What is your diagnosis?

c. What are the presenting symptoms?

d. What other investigations you need to do?

e. What are the complications?

12. A photo of haemoglobin electrophoresis. The scenario is a child investigated for thalassaemia. 5 columns of bands was produced from normal individual, beta thalassaemia major, thalassaemia trait, control.

a. What is the sample that is most appropriate to be taken for electrophoresis?

b. Identify the column and match with the sample?

<p>c. Which column is the patient?</p> <hr/> <p>d. How do you manage this patient?</p> <hr/> <p>e. What is the cause of anaemia in this patient?</p> <hr/>
<p>13. A chest x ray showed cavitation with air fluid level at the left upper lobe taken from a woman who was treated with antibiotic for past 6 months but fever, cough and productive sputum not resolving.</p> <p>a. Why do you say this is PA view?</p> <hr/> <p>b. Describe the lesion seen?</p> <hr/> <p>c. What is your diagnosis?</p> <hr/> <p>d. What other 2 radiological investigations that you need to do?</p> <hr/> <p>e. How do you manage her?</p> <hr/>
<p>14. Interactive station :</p> <p>a. Demonstrate how to insert CBD.</p> <p>b. Strict aseptic technique to be applied.</p>
<p>15. A photo of below elbow cast. Not a proper POP application.</p> <p>a. Describe the abnormalities seen.</p> <hr/> <p>b. How do you improve the condition?</p> <hr/> <p>c. What are the complications of this POP application?</p> <hr/> <p>d. What are the possible pathologies require this plaster cast?</p> <hr/>
<p>16. A photo showed a child with hydrocephalus. She was treated as meningitis at the neonatal period and was admitted to nursery for a month before discharge home.</p> <p>a. Describe the lesion seen.</p> <hr/> <p>b. What is the most likely complication that she is suffered from?</p> <hr/> <p>c. What is the mechanism of the complication she is suffered from?</p> <hr/> <p>d. What is the investigation that you need to do to confirm the diagnosis?</p> <hr/> <p>e. What are the possible complications from the condition?</p> <hr/>
<p>17. Peak Flow Meter with a Normal flow chart. History of a chronic smoker, come in A&E with wheezing, breathlessness. Improved with nebuliser.</p> <p>a. What's the investigations to determine whether he is given nebuliser or not?</p> <hr/> <p>b. What clinical signs to indicate that he need to be admitted ?</p> <hr/> <p>c. Most likely diagnosis?</p> <hr/> <p>d. If this patient PEFr is 470ml/min, what is his grade for severity ? From the chart given, the normal for him is around 580ml/min.</p> <hr/>
<p>18. Kyphosis</p> <p>a. What is the abnormality noted</p> <hr/> <p>b. What is the finding can you see from lateral thoraco-lumbar xray?</p> <hr/> <p>c. What is the most likely diagnosis in this old lady?</p> <hr/>

Pathological fracture due to osteoporosis

d. Other pathological place in skeletal muscle with the same cause.:

head of femur

19. IUCD copper

a. Name the object

b. When do you want to insert and give your reasons – 5 days after the next menstrual period – confirm patient is not pregnant and during that time, the menstrual flow is reduced and the os is still open

c. 3 contraindications

d. 4 complications

20. Psychiatric match answer with given scenario : Panic disorder, Generalised anxiety disorder, Agoraphobia, adjustment disorder, Acute stress disorder

FPE 2009

1) OP Position	1. Draw OP position & LOT position _____ Physiology for OP position delivery _____ Complications of OP position _____ Things to expedite OP position delivery _____
2) Interactive :Major Depressive Disorder Pt (male) diagnosed to have MDD going to start the treatment. Advice regarding Anti-depressant + All regarding anti-depressant: indication, types, dosage, efficacy, side effects, monitoring + other modality for MDD treatment	
3) 45 y.o lady involved in RTA. Presented with Rt shoulder bruise	1. Explain the picture _____ 2. Causes _____ 3. 2 nerve involve _____ 4. 2 fx impaired _____
4) Severe left foot injury (degloving?)	1. 3 test (PE) to indicate severity _____ 2. Management in A&E _____
5) Anxiety: Match Hx with Diagnosis	1. Generalized anxiety disorder _____ 2. Social phobia _____ 3. PTSD _____ 4. Conversion disorder _____ 5. Agoraphobia _____
6) This specimens were taken while doing regular house inspection in Kuching area Larvae: Aedes sp. Under microscope Live in specimen bottle	1. Describe the exhibit _____ 2. Genus _____ 3. Disease associated _____ 4. Breeding site _____ 5. Biting time _____ 6. Prevention _____

7) Leprosy	<ol style="list-style-type: none"> 1. Describe 2. Associated features 3. Treatment
8) Rhinophyma	<ol style="list-style-type: none"> 1. Describe 2. Pathophysiology 3. Treatment 4. Complication
9) IVU of kidney stone: staghorn A: Control B) Release	<ol style="list-style-type: none"> 1. Describe A & B 2. Diagnosis 3. Complication 4. Treatment
10) Eye: papilloedema	<ol style="list-style-type: none"> 1. Describe 2. Diagnosis 3. Risk factor 4. Management
11) Interactive: 65y.o man presented with Acute Urinary retention (AUR). Insert CBD for him.	
12) Pic: Thalassaemia PBF:	<ol style="list-style-type: none"> 1. Describe the picture 2. Diagnosis 3. PBF interpretation 4. Complications
13) Asthma: ABG result	<ol style="list-style-type: none"> 1. Interpret ABG result 2. Explain metabolic problem taken place <p>Pt condition prolonged for 1Hr. Not respond to conventional treatment</p> <ol style="list-style-type: none"> 3. Interpret the ABG 4. Diagnosis
14) Picture of Acute & Chronic condition of RA of the hand	<ol style="list-style-type: none"> 1. Describe the exhibit: A & B 2. Diagnosis 3. Complications 4. Why we need to intervene condition in A
15) Umbilical hernia (Surgery)	<ol style="list-style-type: none"> 1. Describe 2. Differential diagnosis 3. Complications

	4. Management
16) 25y.o male Pt. presented with vomiting for 2weeks. Have chronic hx of stomach pain. GOO: ABG result	1. Interpret the ABG 2. Describe the metabolic problem 3. Diagnosis 4. Management
17) Interactive: 30y.o female presented with hx of ectopic pregnancy. Salpingectomy done. Discuss regarding her future pregnancy plan	
18) Picture A & B Measles	1. Describe the picture <i>A: rash distribution; B: Koplik's spot</i> 2. Differential diagnosis 3. Complications (Early) 4. A late complication
19) 10month old boy. Fitting since 1month whenever he is febrile	1. Describe the picture: microcephaly, open mouth, CP? 2. Diagnosis 3. Complications 4. Causes
20) Pic: 6y.o girl presented with nephrotic syndrome. She was on chronic treatment	1. Describe the picture 2. Other features 3. Other recommend drug for her

FPE 2010

1. Interactive: Madam A, a 34-year-old nulliparous lady, presented with a mass at the cervix. Biopsy, EUA and cystoscopy were done and the findings are: speculum – fungating mass measuring 4x3cm; biopsy – SCC; EUA – involvement of left parametria, right parametria free and pelvic side wall free. Inform the patient regarding the problems and counsel her.

2. Stage 2B. Introduction. Inform her of result available. Inform her about the result. Interpret the result. Pass her the tissue (pass the tissue and tell her to take her time). Offer her options for treatment. Any questions?

3. Match the statement with correct psychopathology

a. I heard voices telling me to kill him [2 m]

– second person auditory hallucination

b. When I saw the postman drop the envelope, I know there will be a nuclear war [2 m] – delusion of perception

c. The lady sitting next to me can hear what I am thinking [2 m] – Thought broadcasting

d. I do not have my own ideas. All the ideas in my head are from my father [2 m] – Thought insertion

e. The strange force inside me make me break the door [2 m] – grandiose delusion

4. External cephalic version

a. List 6 contraindications of ECV [3m] – Twins, abruptio placenta, oligo, polyhydramnios, no facilities for EMLSCS, placenta praevia, macrosomic, IUGR, fetal abnormalities, fibroid, previous scar

b. List 6 complications of ECV [3m] – Non reassuring CTG, PROM, APH, cord prolapsed, preterm labour, uterine rupture, cord entanglement

c. List 4 criteria that need to be fulfilled for vaginal breech delivery [4m] – type of breech (frank breech), baby 2.5-3.5 kg, adequate pelvic diameter, no fetal distress, reactive CTG, facilities for EmlSCS

5. A 40-year-old gentleman, with body weight of 70kg and serum creatinine of 572.8µmol/L. Study the picture (peritoneal dialysis)

State the formula to calculate GFR, state the GRF of this patient and interpret the findings [4m] – $(140 - \text{age}) * 70 * 88 / (72 * 572.8)$

Name the procedure and the tube used [2m] – CAPD, Tenckhoff catheter

State 4 conditions that you should think of before offering this procedure to the patient [4m] – patient must have assistant, able to take care of himself, clean water, homebound, good eyesight, electric



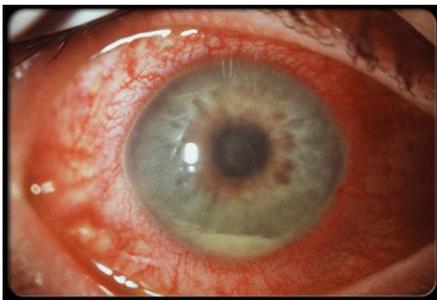
6. Study the picture

a. Describe the findings in each picture [3m] – loss of nasolabial fold on the left, left eyelid cannot close fully, asymmetrical facial expression, loss of wrinkles at left side

b. State the most probable diagnosis [1m] – Bell's palsy

c. State 4 other causes [4m] – Ramsay Hunt synd, pontine Stroke, Pleomorphic ca, otitis media #, CPA tumour

d. Outline the treatment [2m] – oral steroids, eye drops, tape eye, tarsorrhaphy if cannot close the eyes



7. A 25-year-old man came in with history of chemical splash and presented with eye pain, photophobia. The picture shows the anterior segment of eye.

a. State 4 types of alkali and acid [4m] – alkali: sodium bicarbonate, ammonia, soap, detergent, fertilizer; acid: H₂SO₄, H₃PO₄, HCl, HNO₃

b. State the name of classification used [2m] – Hughes & Roper Hall classification

c. State the degree and prognosis of this patient [2m] – Grade 2 Prognosis is fair.

d. State 4 complications [2m] – cornea ulceration, cataract, keratolysis, uveitis, recurrent cornea erosion symptom, secondary glaucoma

8. Interactive: You are a houseman in surgical department. Demonstrate the procedure of IV drip setting.

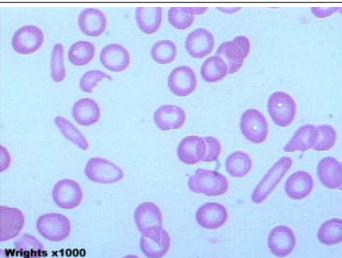
9. Interactive: You are going to discharge a patient, who is newly diagnosed with schizophrenia. Counsel his wife regarding the problem.

10. A gentleman presented with low back pain for 6 months and loss of weight (picture showing gibbus)

a. Describe the findings [2m] – sharp angulation of spine

b. State the most common cause of this condition in Sarawak [1m] – TB spine

c. Outline the principle of management [7m] – Investigation to confirm diagnosis – CXR, Mantoux test, early morning sputum, aspiration for AFB. General mx – hydration, temperature, nutrition. Definitive – medical: anti TB drugs, surgery: corrective osteotomy. Rehab: physiotherapy and occupational therapy.



11. A 22-year-old lady presented with fatigue for 2 months with Hb of 6.8g/dL.

a. Describe 3 findings [3m] – hypochromic, microcytic, pencil shape, lysed cells

b. State the most probable diagnosis [1m] – IDA

c. State 2 differential diagnoses [2m] – thalassaemia, sideroblastic anaemia

d. State 2 investigations to confirm diagnosis [2m] – Iron study, Hb electrophoresis

e. State 2 causes [2m] – Menorrhagia, chronic GI loss



12. A 4-year-old child presented with fever and sore throat. Eyes were normal with no cervical lymphadenopathy

a. State the abnormal findings in diagram [3m] – Strawberry tongue, rashes on the posterior trunk

b. State the most probable diagnosis [2m] – Scarlet fever

c. State 3 associated complications [3m] – RHD, GN, TSS

d. Treatment [2m] – General: hydration, antipyrexia. Definitive: antibiotic

(Penicillin)

13. Study the picture (temperature chart showing fever in day 4 & 5 post-op)

a. What is this? [1 m]

b. Describe the findings. [3 m]

c. List 3 causes for the above findings. [3 m] – Wind (atelectasis), water (UTI), wonder drugs (drug caused the fever), wound infection, walking (DVT)

d. Outline the management for this patient. [3 m] – investigations to confirm diagnosis. Treat underlying cause. Prevention.



14. A 6-year-old child presented with huge abdominal mass that cross midline and hypertension

a. Describe the picture [3m] – bilateral proptosis & periorbital ecchymoses

b. State the diagnosis [2m] – neuroblastoma

c. State 3 other presentations [3m] – chronic diarrhoea, bone pain, constitutional symptoms, paraplegia

d. Outline the management [2m] – surgical excision, multi agent chemotherapy, radiotherapy



15. A picture showing endoscopic view of right external auditory canal

a. Describe the findings [3m] – white fungus looking at EAC

b. State the diagnosis [2m] – otomycosis

c. State 2 common organism [2m] – aspergillous (black), candidiasis (white)

d. Outline the management [3m] – toilet, dressing with nystatin, prevention. Fluoroquinolone or ciprofloxacin if secondary infection. Prevention – don't scratch or poke. Ear plug



16. A gentleman involved in RTA and came in with 2 cm wound at the shin.

a. Describe the findings [3m] – Open fracture, oblique, distal third of tibia and fibula with angulation of distal bone

b. State the diagnosis [2m] – open fracture of distal third of tibia and fibula grade 2 Gustilo

c. Outline the management in A&E [5m] – ABC, copious water irrigation, ATT, pain killer, antibiotic, dressing, stabilize x-ray refer Ortho



17. A picture showing common test done in dermatology clinic

a. Name the test [2m] – Skin patch test

b. State 1 indication of the test [2m] – allergy dermatitis

c. Explain the procedure of the test [4m] – before: stop anti histamine/steroid 1 week before. During: cannot bath, keep dry, cannot lie on it, come back at 48 and 92 hours for inspection, explain when to come back if complication

d. State 2 complications of the test [2m] – rashes, anaphylactic shock

18. A map of Malaysia showing incidence rate of malaria in 2005

a. Name the map [1m]

d. Name the database system used to store the information for this map [1m] – Malaysian National Health Morbidity Survey

e. Name the device used to detect the geographical location [1m] – GPS

f. Name the most common malarial parasite in Sarawak [1m] – P. Falciparum

g. Name the mosquito that transmit the parasite [1m] – Anopheles

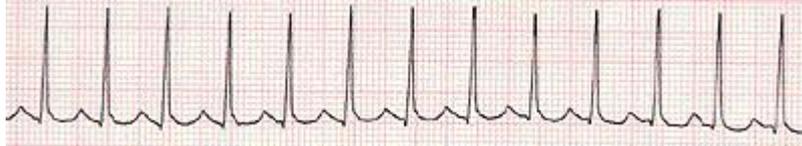
h. Name 2 newer drugs used in treatment of malaria [2m] – Fansidar, artesunate, mefloquine

i. State 3 epidemiological data that can be obtained from the map [3m] – malarious area, malarious prone area, malarious free area



19. Study the picture

- a. Describe the findings [3 m] – ulcer at pressure area of the right sole. Base is erythematous, margin is well circumscribed
- b. State 2 differential diagnoses. [2 m] – diabetic foot ulcer, arterial ulcer, trophic ulcer
- c. Name 2 investigations you want to do for this patient. [2 m] – swab and culture, blood sugar level
- d. Outline the management. [3 m] – dressing, antibiotic, daily foot inspection, blood sugar control



20. A 6-month-old child presented with tachypnea, chest recession, palpable liver 3 cm and basal crepitations.

- a. Describe the ECG [3m] – No P wave. Slightly higher than mean 130 bpm, probably tachycardia
- b. State the diagnosis [2m] – Heart failure due to congenital HD
- c. State 3 mode of presentations for similar conditions in older children [3m] – palpitation, cyanotic, exertional dyspnoea, bilateral limb swelling, inc JVP
- d. Treatment [2m] – medical: diuretic, ACEI, inotrope; surgical: closure of defect



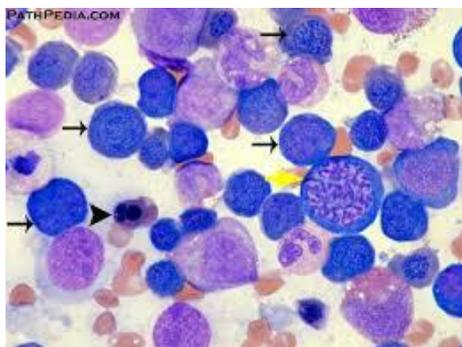
21. A 38-year-old man came in with sudden left hemiparesis.

- a. Name the imaging [1m] – CT brain
- b. State 2 positive findings [4m] – hypodensity at right parietal region, loss of sulci and gyri
- c. State another imaging that can give better visualization in the early phase [1m] – Diffuse weighed imaging of MRI
- d. The patient's GSC deteriorates. Give 2 complications that may arise given the findings above [4m] – cerebral oedema, haemorrhage

FPE 2011



- 1. picture of angular stomatitis and peripheral blood film
- a. describe the above findings (3 marks)
- b. Diagnosis -megaloblastic anemia
- c. 2 differential diagnosis -folate & B12
- d. 1 investigation tat u would like to do to confirm the diagnosis -serum B12 & folate
- e. 2 causes for the above condition- pernicious anemia



2. 48 y/o man with diabetic, came with chest pain + sweating~ DESCRIBE ECG~ (STEMI)

- a) Determine the heart rate & rythm (2)

b) 2 findings from ECG (2)
c) pathophysiology of the diagnosis (3)
d) management (4)
3. Interactive: parent of asthma child(3 yrs kut), diagnosed mild persistent asthma- counsel on treatment and demonstrate use of inhaler
4. Interactive: Patient came in passing vesicles, uterus larger than date, honey comb USG. Counsel on the diagnosis and management. (include, admission, s&c, complication of s&c, send for HPE, not much on the follow up, just mention enuf)
5. Interactive: primi g1p0, breech presentation at 36wks poa. advice on her dx and further mx. (ecv, how to do, complication, if failed other option)
6. two pictures shown, one with silvery-white scaly lesion, the other is pitting nail. 1) described the findings (2m)
2) ur diagnosis(1m) <u>psoriasis</u>
3) precipitating factor(3m) <u>koebner phenomenon, infection, drug, sunlight, stress</u>
4) tx (4m) <u>topical steroid, vit D, dithranol, emollient</u>
7. Interactive: patient is dx with MDD, goin to start on antidepressent. Counsel & advice on this patient regarding the management. (like talking to the wall, next time just put a manikin there same oni)
8. 10 yr old girls came with fever and rash. Picture of island of white among sea of red appearance. 1) describe the picture(1). 2) likely diagnosis (1). <u>Dengue</u> 3) 2 important complications(2). <u>ARF, hypovolaemic shock</u> 4) when is the critical Phase of this condition(1). <u>When fever subsides</u> 5) what is the physical signs that r suggestive of the Above complications(2). <u>Ascites, pleural effusion, abdominal pain, mucosal bleed, altered consciousness</u> 6) what is the most important investigation? name 2 findings(3). <u>FBC: thrombocytopenia, leucopenia, high HCT, anemia</u>
9. 2 picture of CT brain show(dilatation of ventricle, mass seen at posteriorly?) the child presented with intermittent headache and vomiting for 1 month. associated with unsteady gait 1) describe the pic
2) what is your likely diagnosis <u>choroid plexus papilloma</u> his condition was deteriorating
3) explain why above condition occur? <u>inc ICP</u>
4) what is the sign of above condition? <u>Pupil dilation</u>
5) what is the immediate surgical treatment? <u>VP shunt</u>
10. 40 y/o female with history of menorrhagea, examination show pale conjunctiva. (Gross patho specimen of fibroid given) question 1; Describe 3 features/ finding of the specimen? <u>Single rubbery whorled appearance with pseudocapsule</u> question 2; what is ur diagnosis? <u>uterine fibroid</u> question 3; list 3 criteria for adequate fixation? <u>Time 6-8hr, penetrate 1mm/hr, vol 15-20x of specimen</u> question 4; what are 3 complications of inadequate fixation? <u>Poor dehydration, excessive shrinkage, difficult cutting, inadequate infiltration, poor clearing</u>
11. a 49 years old lady with history of breast ca, mets to the chest wall, already undergone surgery but now presented again with backache. 2 radiology picture shown, one is spine X-ray n the other one is transverse view of CT (not sure wat level, coz only give the cross view of the vertebrae only). 1) state the type radiology view of a) (spine x-ray) n b) (CT transverse view of vertebrae)
2) state the finding of both radiology picture <u>narrowing of the intervertebral space...btween T1 n T2...(not sure)</u> b) CT show...partial destruction of vertebrae body, n spinous process
3) state wat is the percentage of reduction of bony mass before can be visualise on the x-ray?
4) one radiology ix to check whole body? <u>bone scan</u>
12. show input output chart. 1) describe the exhibit(3)
2) how u assess the hydration status(3) <u>CRT, sunken eye, skin turgor, PR, BP, dry mucous membrane, tachypnea,</u>

tachycardia, oliguria, LOW

3) if this patient hydration status was good, how u wanna give fluid for 24 hours.(4)

13. a) Name the exhibit: Chest tube & trocar (2m)

b) Indications (3m) hemothorax, pneumothorax, empyema

c) Complications (3m) injury to lung tissue, infection, reexpansion pulmonary edema

d) How do you ensure its functioning or not? List 2. (2m) fluctuating water level, blubbling

14. Malaria. within one month..populasi penduduk area tu 3000 (da segi3 n bulat2 yg xfaham n peningkan kepala)???

1) wat is da point prevalence?

Point P=No. of all current cases of a specific disease existing at a point in time X 100

Estimated population at the same point in time

2) calculate da incidence?

3) calculate da death rate?

4) mx?? Container for water

15. lithium

1) 2 indication: cyclothymia, prophylaxis for bipolar

2) state 3 ix tat u want to do with reason: TSH d/t hypothyroidism, ECG: T flattening, QRS widening, FBC

3) contraindication: renal failure, cardiac failure

4) state 4 long term complication: nephrogenic DI, renal failure, hypothyroidism, memory impairment

16. picture of left fundus

62 male VA 6/6, RAPD normal, IOP 28mmHg

1 describe(2)

2 diagnosis(1) papilloedema? Glaucoma?

3 other investigation to confirm diagnosis(1) CT brain? tonometry

4 risk factor(3/4?) inc ICP, malignant HT, benign intracranial HT

5 three types of treatment(3) timolol, epinephrine, pilocarpine

17. pic of left femur bone..hypertrophic non-union

1.descibe the findings.

2. Diagnosis

3.management. rigid fixation

4.complication of the mx above. Implant #, OM

18. picture of deviated nasal septum

1. describe the picture

2. wat r the clinical features? Nasal blockage, sinusitis

3. wat will happen if no treatment is given? Recurrent sinusitis, atrophic rhinitis, recurrent epistaxis

4. treatment? Submucosal resection of septum

5.delayed complication of d treatment? Septum perforation, injury to lateral wall lead to synechiae formation

19. x-ray of the pelvic, 40+ y/o lady, a housewife, asthmatic, complain of pain at the groin, getting worse n now limping,

1) describe d x-ray (2marks) AVN

2) state 4 causes? Steroid use, sickle cell disease, hypercortisolimae, trauma, infection

3) what are the treatment? hemiArthroplasty

20. picture show breast with right bloody nipple discharge. Mammogram show microcalcifications.

1. state provisional diagnosis. (2m) DCIS? Early breast CA

2. define the condition.(2m) breast cancer that has not spread beyond breast or axillary LN (<stage 2)

3. name one differential diagnosis and 2 differences.(2m) duct papilloma

4. state the management. (4m) mastectomy? Send for HPE

FPE 2012

1) Hx: an 18 years old girl presented with fever, myalgia, arthralgia. 3 days later, she develop rash extending from both her limb until her buttock. Blood pressure 90/70

Picture showing the multiple, evolving rashes, distributed all over the anterior surface of both lower limbs.

Q1) Describe the abnormality (2m)

Q2: Name two conditions that can be caused by this organism. (2m)

Q3: Name TWO problems that patient are having now. (2m)

Q4: Name ONE live saving antibiotic you would like to give. (2m)

Q5: Name One vaccination to prevent such condition. (2m)

2) Picture showing glucometer. This is the instrument that commonly used for medical condition in the polyclinic.

Q1) Name the instrument and its use. (2m)

Q2: Name the condition of patient that uses it commonly and when is the timing of using it (2m).

Q3: Name FOUR potential benefits from the use of it. (4m)

Q4: What are the steps that you need to do to ensure the correct use of the instrument? (2m)

3): 60 years old gentleman was feeling unwell presented with nausea. He has background history of chronic renal failure and also diabetes mellitus, presented with shortness of breath. Study the ECG

ECG: showing hyperkalaemia.

Q1: Name THREE abnormalities of that ECG. (3m)

Q2: Name immediate blood investigation that you would like to do and the expected result. (2m)

Q3: Explain why the features in Q2 occur. (2m)

Q4: Name THREE immediate treatment you would like to do. (3m)

4) Interactive session (O&G)

Title: 52 years old lady, presented with post menopausal bleeding. She came to you clinic, and to do pap smear. With manikin, shows how would you perform the Pap Smear.

5) Interactive (Paediatrics)

Mrs Fauziah, 38 years old who had just delivered a baby, who had features of Down's syndrome. She was anxious about her baby's condition. Please explain her condition, include:

a) Explain how to come to clinical diagnosis

b) What are the associated problems/complications related to it?

c) What is your management?

6. Interactive (Psychiatric)

Title: Mr John, 45 years old, was brought to you because of possible of alcoholic problem drinker. Take a short history regarding "**ALCOHOL DEPENDENCE SYNDROME**".

7. A 30 years old lady, who had just changed her anti-epileptic medication to carbamazepine. She was just on this drug 6 days ago, and currently presented with skin lesion at her face and mucosal lesion.

Picture:



a) What is your most likely diagnosis? (2m)

b) Name TWO other expected clinical findings you would like to look for. (3m)

C) Name TWO possible complications due to it. (2m)

d) Outline your treatment/management. (3m)

8. History: A 9 years old boy, presented with such conditions shown in picture.

Picture A: A boy with facial puffiness.

Picture B: A boy with multiple small rashes at both anterior part of his lower limb

Picture C: urine shows red, brown, smoky appearance.

a) Name The abnormality in each picture. (3m)

Picture A: _____

Picture B: _____

Picture C: _____

b) What is the MOST likely diagnosis? (2m)

c) Name THREE important investigations to reach your diagnosis. (3m)

d) Name TWO complications of the condition. (2m)

9. A pedigree was shown. (Autosomal dominant inheritance, hereditary spherocytosis)

Scenario: A 3 years old boy, who is pale and jaundice was brought to you.

- a) What is the type of inheritance? (2m)
 b) A's parents both are not affected. What is your possible explanation? (2m)
 c) A's parents are worried about the similar child illness again. Estimate the risk of getting the similar child in next pregnancy. (4m)

	Normal	Affected
Male		
Female		

- d) What is your most likely diagnosis for him? (2m)

10) A study was done in Kelantan from January to July 2007, showing prevalence of malnutrition among children less than 5 years old. You were asked to carry out the same research in Kuching.

The bar charts showing the malnutrition: include underweight, stunting and wasting.

- a) Define the parameters for malnutrition. (3m)
 b) (1) What type of research design was used in that study? (1m)
 (2) What are the advantages of using such design? (2m)
 c) How are the techniques you would you to choose sample? (1m)
 e) How statistical test you would like to test the relationship between the frequency of clinic visit with malnutrition? (1m)
 f) If the test result in (d) shows $p = 0.06$, what is your interpretation? (2m)

11) CXRay showing:

30 years old gentleman, with history of road traffic accident immediately come to you. On examination, he was dyspnoic with respiratory rate of 30 breaths per minute, pulse rate of 120 beats per minute and BP= 70/30 mmHg.

- a) Is the pneumothorax is simple or tension? Why? (2m)
Ans: Tension pneumothorax because the trachea and mediastinal shift were present
 b) What are the TWO other chest abnormalities seen in this X-ray? (2m)
 c) What is your immediate management? (2m)- Ans: urgent needle decompression (thoracocentesis)
 d) Despite chest tube insertion, and fluid resuscitation, the BP is still persistently low. What are the reasons and what are you going to do? (3m) – Ans: Great vessel injury
 e) ?? another (1m)

12. CXR: Gas under diaphragm

Hx: a 50 years old man presented with sudden onset severe generalized abdominal pain for one day.

- a) Describe the X-ray. (2m)
 b) What is your most likely diagnosis? (2m)
 c) Name TWO symptoms and TWO signs you want to illicit. (4m)

Signs	symptoms

- d) Name TWO other possible causes of it. (2m)

13) Pictures showing x-ray taking during ERCP (multiple filling defects seen in common bile duct and CBD were dilated)

- (a) Describe the abnormalities seen in the X-ray. (2m)
 (b) Name THREE clinical symptoms frequently occur in this patient. (3m)
 (c) Name THREE indications for this procedure. (3m)
 (d) Name TWO possible complications. (2m)

14) Instrument showing Levin's disposable nasogastric tube.

- (a) Name the device/instrument. (2m)
 (b) Name THREE indications of it. (3m)
 (c) ??? (1m) ada atau tidak?
 (c) Name TWO possible complications of it. (2m)
 (d) Name TWO methods you want to confirm the position. (2m)

15) A 24 year old G2P1 in labour at 38 weeks POA came to the labour room. On examination, Os=5cm, station = 0. Meconium stained liquor, OA position.

CTG: shows type 1 deceleration, but the fetal HR during contraction will reduce to 90 bpm.

- a) What does the station = 0 means to? (1m)
 b) Draw and label the OA position. (1m)
 c) Describe/ interpret the cardiotocogram shown. (3m)
 d) Name TWO likely causes of it. (2m)
 e) Outline your management now. (3m)

16) X-ray: calcaneum fracture? Unstable? Displace?

- What is your diagnosis? (2m)
- Describe the mechanism of injury. (2m)
- What are the other injuries might caused by the similar mechanism. (4m)
- Name TWO complications of non-operative management. (2m)

17. Hx: This patient presented with bilaterally painful hand swelling for months.

Picture: showing rheumatoid arthritis.

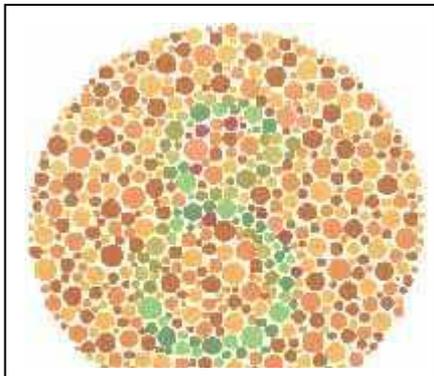
- What is your most likely diagnosis? (1m)
- List FIVE features found in the hands to support the diagnosis (5m)
- Name FOUR laboratory investigations you would like to do as you see this patient. (2m)
- Name TWO conditions complicating this patient who undergoes operation under general anaesthesia. (2m)

18. ENT: otoscope showing exostosis.

Hx: A 28 years old gentleman came to medical checkup to claim for insurance.

- What is the reason for the narrowing of external auditory meatus? (2m)
- What are the special features of this condition? (1m)
- Name ONE differential diagnosis and describe the feature. (2m)
- What are the clinical problems that the patient might suffer from? (2m)
- How would you manage this case? (2m)

19)



- Name the display. (2m)
- Name TWO advantages of using this tool. (2m)
- Name TWO disadvantages of using this tool. (2m)
- Name THREE drugs will causes acquired colour vision disorder. (3m)
- Name ONE other test that also serves the same function in assessing the colour vision (1m)

20. Drugs: Fluoxetine 20mg/c apsule

- Name the class of this drug. (2m)
- Name FOUR indications of the use of this drug. (4m)
- Explain how the drug improve the symptoms/indications mentioned in (b) (2m)
- Name FOUR Side effects of this drug (besides nausea, vomiting and diarrhea). (2m)

FPE 2013

Non-interactive stations

- HIV rapid test
 - What is the result shown
 - What to do next?
 - Name 4 other IX for STD
 - What preventive measure to prevent acquiring HIV

b. Fracture of neck of femur

- Describe 4 abnormalities shown in the x-ray
- Name the classification and its stage in this case
- Outline the management

c. Corneal ulcer with CN VII palsy (LMN)

- Describe the picture shown
- What is the use of fluorescence stain

- c. What is the ocular protective mechanism you would look for?
- d. Name the procedure done (lateral tarsorrhaphy)

d. Breast carcinoma

- a. Describe the gross pathological from specimen
- b. What is your diagnosis
- c. Name the section take for sampling and your reason
- d. Name 2 immunohistochemistry Ix to determine prognosis for the patient

e. Ca larynx

- a. Describe the picture shown
- b. What is your diagnosis
- c. What treatment should be given
- d. What is the major risk factor for get this
- e. What is the important complication if treatment is delayed

f. Congenital hypothyroidism

- a. Describe the picture shown
- b. What other feature to look for to support your diagnosis
- c. What is your diagnosis
- d. Name 2 Ix to confirm your diagnosis

g. Dupuytren contracture & macrocytic anemia

- a. Describe the picture shown
- b. What is your diagnosis for his distended abdomen
- c. Why is he having macrocytic anemia?
- d. What are the 2 complications he might get?

h. Leprosy

- a. Describe the picture shown
- b. 3 Ix to confirm
- c. Outline the management

i. Malaria (p. knowlesi)

- a. Describe the picture shown (fever peak every ~24 hours)
- b. Explain regarding Emergence Infectious Disease
- c. Why there is Emergence Infectious Disease

j. Pleural effusion

- a. Name the tube and the device use (chest tube)
- b. Name the most probable diagnosis
- c. The fluid is yellowish and foul-smelling, what is the most likely organism?
- d. If air bubble persist beyond 24 hours, what is the complication actually occurred?
- e. If there crepitus palpated at the chest, what is the likely complication had occurred?

k. Epidural hematoma

- a. Describe the CT scan shown
- b. Name the classical presentation in this case
- c. Name the vessel involved
- d. Outline the management

l. Flexed Breech presentation

- a. Name the presentation shown
- b. What is the 3 risk factor of getting this
- c. What is the fetal complication can occur during labour
- d. What are 3 complication the baby can get if vaginal delivery

m. Pyelonephritis with underlying staghorn calculi

- a. Describe the KUB x-ray findings (staghorn calculi)
- b. State your diagnosis
- c. What 4 imaging investigation to do

n. Imipramine

- a. Which group does the medication belongs to?
- b. Side effect of this medication
- c. Other indications to use imipramine

d. What investigation should be done before start this medication? Reason?

- o. Clavicular Fracture
- a. Describe the x-ray film
- b. List 3 complications
- c. Outline the management

Interactive stations

- 1. ECT
- 2. Febrile seizure & management at home
- 3. Menopause & HRT
- 4. Application of cervical collar
- 5. Counseling about PAP smear result & subsequent management (LSIL with no risk factors)

FPE 2015

1. Medicine: ECG – ST elevation, inferior posterior lateral MI
Interpret the ECG (3m)

Diagnosis (2m)

How to treat (3m)



2. Surgery – Tooth forceps

What is this (2m)

Label the parts (2m)

What structure can be hold by this instrument (4m)

Skin, Fascia, Muscle, Peritoneum

How to sterilize (2m)

High Temperature Autoclave System



3. Ortho – AVN

Describe 4 pathology (4m)

Wedge shaped sclerosis

Subchondral cysts

Aspherical femoral head

Narrowed joint line

Curtain osteophytes

Diagnosis (1m)

Avascular necrosis of both femoral heads

5 condition can cause this (5m)

Corticoid use

Alcohol abuse

Sickle cell disease

SLE

Chronic renal failure

4. Ortho: Picture shows an external fixator + long suture wound at calf with scenario of patient after accident

What is this (2m)

Diagnosis (2m?)

What classification (1m?)

What complication can be caused by this (4m?)

5. Paeds: Failure to thrive - Picture shows growth chart with poor weight gain and history of SOB
Interpret the chart (2m)

Differential diagnoses (2m)

What investigation you would like to do to support your differential diagnoses (3m)

What other aspects of history you want to ask (3m)

6. CMPH - Paired T- test with result shown
What is this test?

What is the assumption

State the null and alternative hypothesis

Interpret and comment the result

7. ENT - Nasal polyp
Describe (2m)

Diagnosis (2m)

On probe test what you expect (2m)

What is your differential diagnosis (1m)

What is your treatment (2m)



8. Medicine - Cholera: Picture shows stool with scenario of eating raw fish.

Describe what you see

What is the diagnosis

How you assess dehydration

What specific investigation to confirm your diagnosis

How you treat?

9. Psychiatry - Neuroleptic malignant syndrome after taking Risperidone.
What is your diagnosis?

What is your 2 differential diagnosis

What are the other S&S you want to look for?

What investigation you want to do?

How you manage?



10. Psychiatry – Methamphetamine crystal
What is this? (2m)

What is the M.O.A? (2m)

What is the sign and symptoms? (3m)

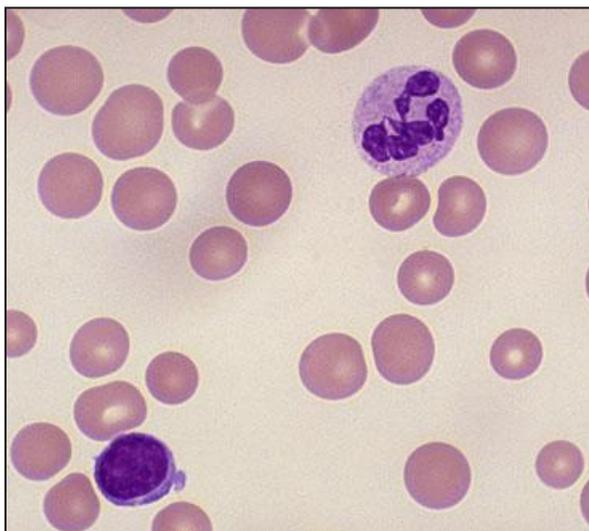
What psychiatric complication can develop from this drug? (3m)

11. Radiology - Dissecting aneurysm with chest pain
Describe the radiograph (2m)

What is the diagnosis? (2m)

What specific investigation to detect severity? (2m)

What is the treatment for this patient (2m)



12. Peripheral blood film: show megaloblastic anemia

Describe the red cell morphology? (2m)

Describe the white cell morphology? (2m)

Give 2 differential diagnosis (2m)

Give 2 causes of the diagnosis (2m)

List 2 further investigations (2m)



13. O&G: Speculum

What is this (2m)

2 usage in Obs (2m)

5 usage in gynae (5m)

Advantage of using this speculum (1m)

14. DHFM: Poor smear fixation.
What causes poor fixation? (3m)

How to improve above condition? (3m)

What to avoid before pap smear? (2m)

How you manage this patient? (2m)

15. Ophthalmology - Diabetic retinopathy

Describe (2m)

Diagnosis (2m)

Criteria used in general classification (1.5m)

Treatment (1.5m)

3 ocular complications (3m)

Interactive:

16. Medicine - PEFR

17. O&G - MRP

18. Paed - IDA (iron deficiency anemia)

19. Surgery - Suture

20. A&E - CPR

OTHERS

1.Examine the specimen as given :- (MgSO₄)

Q.1. Name TWO indications of its use in Obstetrics practice(2 marks)

Q.2 Name TWO of its side effects (2 marks)

Q.3 Name ONE "bed-site test" to check for its toxicity (1 mark)
